

Level of Psychological Distress of the Undergraduate Occupational Therapy Students of BHPI during to COVID-19



By

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Statement of authorship

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Dedication

Dedicated to my honorable and beloved parents, my respected all teachers of the Bangladesh
Health Professions Institute.

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List of Abbreviations

BHPI→ Bangladesh Health professions Institute.

CRP→ Central for the Rehabilitation of the paralyzed.

IES-R→ Impact of Event Scale Revised Scoring.

OT→ Occupational Therapy.

PTSD→ Post Traumatic Stress Disorder.

SPSS→ Statistical Package for the Social Sciences.

Abstract

Background: The novel coronavirus disease, also known as COVID-19, has spread all over the world, causing a public health emergency. The COVID-19 compelled educational institutions throughout the world to switch from face-to-face to virtual teaching. It not only impacted institutional stakeholders but also caused psychological distress to all parties involved in education, especially students. Therefore, it was important to identify the how it caused the psychological distress among the undergraduate occupational therapy students of BHPI during to COVID-19.

Aim: This study aimed to find out the level of psychological distress of the undergraduate Occupational Therapy students of BHPI during to COVID-19.

Methods: The study was conducted by following quantitative cross-sectional study design with face-to-face survey. A total of 139 participated in the study through a self-reported questionnaire, and their psychological distress was assessed by the Impact Event Scale-Reversed (IES-R) scale. Descriptive analysis by the use of SPSS 25.

Results: Based on the Impact Event Scale-Reversed (IES-R) scale, the study found that the prevalence of normal (29%), mild (21%), moderate (6%), and severe psychological distress (44%) and post-traumatic symptoms. The self-reported questionnaire shows that among all participants 65%, 76% are facing depression and anxiety.

Conclusions: The results show that participants face mild to severe psychological distress during the pandemic. The pandemic negatively impacted all the aspects of student life to maintain student well-being and support a successful university experience.

Keywords: COVID-19, Undergraduate student, Students, Psychological distress, Lockdown, OT Students

CHAPTER I: Introduction

1.1 Background

The first outbreak reported about the novel coronavirus disease (COVID-19) was spread at the end of December 2019 in Wuhan, China, and then the virus spread at a rapid rate globally ("Coronavirus Disease (COVID-19) Situation Reports", 2021). Following its emergence, it manifested as an outbreak that led to serious public health concerns by the World Health Organization (WHO). By mid-March 2020, the WHO declared a global pandemic due to the substantial global-wide spread of the disease affecting many countries. In Bangladesh, from 3 January 2020 to 7:19 pm CET, 11 November 2021, there have been 1,571,669 confirmed cases of COVID-19, with 27,906 deaths reported to WHO. As of 8 November 2021, a total of 81,077,977 vaccine doses have been administered ("Bangladesh: WHO Coronavirus Disease (COVID-19) Dashboard with Vaccination Data", 2021).

In response to this crisis, quarantine and lockdown measures were implemented by international and government health organizations to contain the virus's rapid spread. Further measures included suspension of flights, avoidance of large gatherings, mandatory use of face masks in many countries, social distancing, teleworking, home-schooling of children, and health orders to stay at home (Bedford et al., 2020). While the WHO and worldwide health authorities are actively working on containing the outbreak, such a period of health crisis has significant repercussions on human health and well-being, accompanied by psychological distress and related symptoms such as stress, panic, and anxiety in the general population (Wang et al., 2020). University students are the liveliest and broadly shifting age group. Suddenly, with the COVID-19 pandemic, they had been at once affected with the aid of banning their attendance to

the universities, staying at home, not meeting friends, no longer exercising, no traveling, as well as the worry of getting contaminated or infecting any of their household participants or friends. This traumatic new existence and the required precautions earlier than going out, returning home, or even going purchasing delivered burdens to the students. These had been now not their sole stressors. Instead of attending their college classrooms, they had to take part in online classes, lacking face-to-face mastering and the clinical/practical or education lessons. As is well known, COVID-19 upended lecture rooms and campuses throughout the country at the same time as the pandemic's devastating consequences had been being felt in our nation's economic system and loss of life. In response, educators, staff, and college leaders at all educational institutions and in all parts of the country have made outstanding commitments and dedicated their talents, energy, and resources to tackle the needs of students and families in their communities. The students and the majority of front-line healthcare staff became vulnerable to the mental effects of COVID-19 infection in response to the pandemic and its global implications (Serafini et al., 2020). On the front lines with suspected COVID-19 infection patients, general practitioners exposed to the virus can be a population transmission source if not adequately covered by personal protective equipment (PPE) (Serafini et al., 2020). Besides, the psychological responses to the COVID-19 pandemic may convert from anxiety to feelings of hopelessness and depression related to adverse outcomes such as suicidal behavior (Serafini et al., 2020). Existing studies indicate that people with major affective disorders may have persistent problems in processing sensory information, which is related to higher levels of depression, impulsivity, alexithymia, and hopelessness in response to hazardous situations (Serafini et al., 2017). In this context, looking at university students, there is much evidence that students are experiencing awful consequences as their activities and

mental health are being prioritized less in this crucial situation. Ninety-nine percent of the student population from lower and lower-middle-income countries are disrupted from education due to the closure of all kinds of education institutions closures (United Nations, 2020). As educational institutions of Bangladesh have been identified as direct and most immediate impact recipients of COVID-19, the government is trying to replace the usual face-to-face with online classes to continue their studies. The Bangladesh University Grant Commission (UGCB) has outlined the strategy of taking online private university courses. The authority directed that private universities' ongoing semester classes and examination activities should be carried out (Sifat, 2020a; Ferdous et al., 2020). By using many online channels, including Zoom, Moodle, Google Classroom, WhatsApp, and so on, educational institutions were pursuing the form of digitalization (Gaber et al., 2020; Rahman et al., 2020). Due to the breakthrough of the education system caused by the coronavirus, many countries are pursuing an effort to continue teaching and learning through alternative channels, mainly on an online basis. The key obstacles in introducing online classes for all in developing countries such as Bangladesh are the lack of sufficient internet speed, computers, mobile data cost, the financial status of the family, and the mental health of students, which are associated with the digital divide (Sifat, 2020a). Moreover, lack of security and no physical presence while studying increases the prevalence of psychological distress (Phutela & Dwivedi, 2020). Due to the closure of all educational institutions, many students have become addicted to technology, for example, playing online games on mobile phones, which cause regular interruptions to their activities. Most of these problems cause depression and anxiety in people which harm mental health issues. All schools, colleges, and universities have remained closed since March 2020. This prolonged quarantine may impede university students' studies, disrupt their daily routines and

habits, and hinder their mental health. Imposing restriction, social distancing, home quarantine is likely to have psychological distress on students and also influence their mental wellbeing (Islam et al., 2020) In the current study, we describe the mental impacts of COVID-19 on undergraduate OT students' distress level, anxiety, interpersonal relationships, worries, depression related to milestones in the Bangladesh Health professions institute. The uncertain pandemic situation is creating a negative impact on a student's minds. An extended period of lockdown can cause PTSD (Post-traumatic stress disorder), depression, increasing anxiety, sadness, and loneliness. It could have created severe adverse effects in the future. Additional suicide rates will increase as a result.

1.2 Justification of the Study

Due to the COVID-19 outbreak, Bangladesh has implemented a national lockdown. This epidemic had a significant impact on people's mental health worldwide, creating similar reactions in terms of emotions and concerns among the general public. The COVID-19 outbreak has caused several challenges for university undergraduate students, including an emergency shift from traditional learning to online learning, which has resulted in a digital divide. This has resulted in several arguments in response to technological inefficiency, pedagogic inefficiency of teachers, inappropriate study environment, etc. According to previous research, since its proliferation, the COVID-19 has posed a threat to mental health across the country. This is the first study in health sector. Also, first study in BHPI. Research looked into the influence of the COVID-19 pandemic on a group of university students' mental health. The study finds out the student's psychological distress, and it helps to identify their pandemic status.

1.3 Operational Definition

- **COVID-19:**

Coronavirus disease 2019 (COVID-19) is an ailment caused by a new coronavirus known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly known as 2019-nCoV), which was initially detected in Wuhan City, Hubei Province, China, during an outbreak of respiratory sickness cases ("Coronavirus Disease 2019 (COVID-19): Practice Essentials, Background, Route of Transmission", 2022).

- **Distress:**

Distress is an undesirable condition in which a person exhibits maladaptive behaviors as a result of being unable to fully adjust to stressors and the stress they cause. It may be seen in a variety of situations, such as improper social engagement ("What is Distress - Meaning and definition - Pallipedia", 2022)

- **Depression:**

Sadness, feeling down, and a loss of interest or pleasure in daily activities are all sensations that we are all familiar with. However, if they continue and have a significant impact on our life, the issue may be depression ("Depression: What it is, symptoms, causes, treatment, and more", 2022).

- **Anxiety:**

Fear, dread, and unease are all symptoms of anxiety. It can make you sweat, feel restless and tight, and cause one's heart to race. It's possible that it's a natural reaction to stress (Topics, 2022).

CHAPTER II: Literature Review

The recent global public health crisis, COVID-19, is challenging the population's psychological capacity to deal with continuing crises. This literature review will be focusing the impact of COVID-19 on the mental health of undergraduate students. In the pandemic, students face psychological distress, depression, and anxiety. This section has reviewed 17 articles in this literature review section, published in the last three years (2020-2022). All the papers are only written in English and related to my inclusion criteria, which is why papers are included in the literature review chapter.

2.1 COVID-19 Pandemic

The global pandemic of coronavirus disease (COVID-19) has caused severe disruption in medical education. In March 2020, in Germany, lectures will predominantly be held in a digital format until further notice. Both faculty and students may be affected by the short-term change in the learning environment to online instruction and the uncertainties produced by COVID-19 (Guse, Heinen, Kurre, Mohr & Bergelt, 2022). The COVID-19 pandemic and its subsequent public health measures, such as school and university closures, doubtlessly brought novel, once-in-a-lifetime stressors and disruptions of everyday life for most students worldwide. As a result, Egyptian university students have been affected by the COVID-19 pandemic and its subsequent public health measures, with significant psychological impact (Ghazawy et al., 2020). Before the COVID-19 epidemic, psychological and social issues among college and university students were already viewed as a significant concern (Akin-Odanye et al., 2021). Apart from the physical health impacts of the COVID-19 pandemic, the pandemic has also presented us with mental, emotional, economic, and social issues. Due to the disconnections from friends and lovers, several students who felt the campus

homelike experienced loneliness and isolation (Camacho-Zuñiga, Pego, Escamilla & Hosseini, 2021). The psychological and social difficulties of college and university students were regarded as a severe challenge before the COVID-19 epidemic. There is a scarcity of studies on mental health problems during the epidemic, particularly among home isolated students in Bangladesh. Hopefully, our study will bridge that vacuum by giving adequate knowledge to ensure a society free of COVID-19 and to address any future pandemic crises. As a result, the goal of this pilot study was to determine the psychological impact on college and university students who were forced to return home once widespread lockdown began (Khan et al., 2020).

2.2 Student's well-being

Students' psychological well-being is influenced by their feelings, which directly impacts all aspects of their academic lives. Positive emotions (such as enjoyment and interest) were linked to students' attention, focus, engagement, and persistence in learning activities, all of which were found to be positively correlated with academic accomplishment. Negative emotions, on the other hand, such as boredom, exhaustion, and worry, have been shown to deplete cognitive resources, significantly influencing school performance and academic attainment (Camacho-Zuñiga, Pego, Escamilla & Hosseini, 2021). COVID-19's impacts on stress and anxiety are examined in this study, which aims to identify pandemic-related stressors that have the greatest influence on medical students' mental health at various levels of learning. In the context of active COVID-19 community spread, many medical schools have transitioned students back to in-person activities, and many new students are transitioning into the clinical environment, this knowledge can guide educators and school administrations in their plans for potential interventions and support strategies in the classroom in need. Furthermore, medical school administrators should continue to monitor pandemic-

related concerns that may be affecting students' mental health as long as many medical schools remain in a virtually-person hybrid educational model for the foreseeable future and uncertainty exists. The study's ultimate purpose is to raise awareness of medical students' unique demands in the face of tremendous changes in their learning settings. Tracking COVID-19's psychological effects will assist establish the best ways forward during the continuing epidemic, as well as serve as a foundation for planning for future occurrences that interrupt undergraduate medical education with this information (Guo et al., 2021). COVID-19 has had an especially negative impact on university students. Online teaching and social distance policies adopted by universities throughout the world have drastically altered campus life. Students have suffered disruptions in their learning, assessment, and timetables, as well as the cancellation of enhanced learning experiences such as field excursions, laboratory courses, and learning exchanges, in addition to the general population's alterations. Furthermore, the pandemic may have an impact on future educational chances, employment prospects, and financial stability. Students and universities will very certainly be affected by the pandemic and its aftermath. As a result, accurate data must be collected to analyze the epidemic's impact on student well-being and academic achievements. This would increase our understanding of student experiences and issues and the tactics institutions use to address them (Appleby et al.,2022). Longitudinal studies comparing mental health before and during the pandemic are uncommon, but a study of 254 undergraduates at one UK university found a significant increase in depression and reduction in well-being during the first lockdown (April/May 2020) compared to before the pandemic (autumn 2019), and that over a third of the sample could be classified as clinically depressed at lockdown, up from 15% before the pandemic. The worsening of sleep quality was strongly linked to the rise in depression. A longitudinal assessment of 66

students in a Chinese college found that sleep quality was a crucial determinant in students' emotional effect and that regular physical activity and decent sleep may help to prevent mental health issues. They also discovered a decrease in people's aggressiveness, which they hypothesized was due to individuals appreciating the fragility and value of life. The study also revealed low levels of resilience, which we attribute to limitations and isolation, which limited opportunities to engage in effective coping strategies and activities, rather than persistent personality traits. Lower levels of exercise, greater levels of tobacco use, and a range of life events associated with the pandemic and lockdown, such as canceled events, poor personal relationships, and financial concerns, were all linked to higher levels of distress (Chen and Lucock, 2022). The sudden increase in work at the front boundaries of treatment, the threat of becoming infected and transmitting the virus to family members, and the death or illness of a relative or friend as a result of the pandemic could have had a psychological impact on people working in the health sector, particularly HCPs who have direct or indirect contact with COVID-19 patients. Furthermore, because of the suspension of education, this pandemic may have had a bad influence on university students who were under a lot of stress and worried about their future. During the COVID-19 epidemic, it's critical to look into people's psychological well-being. This was especially true in Kuwait, where around one-quarter and one-third of the general population, respectively, displayed anxiety and depressive symptoms during the pandemic and the majority of Kuwait University students (90.9%) experienced moderate to severe life stress. This study includes undergraduate students from the health sciences center as future health professionals. In addition, in order to offer targeted treatments and support, this study looked into the variables related to elevated levels of mental health burden among the study population (Alsairafi et al., 2021). Previous research has shown that general

practitioners are involved in all stages of the virus response, including preventing viral transmission by tracking subjects, reducing the number of cases by treating patients and providing medical surveillance, and compassion for the clinical and psychological well-being of patients so that the situation can return to normal. In reaction to the pandemic and its worldwide repercussions, general practitioners and the majority of front-line healthcare workers were vulnerable to COVID-19 infection's mental impacts. According to a study conducted among students at private institutions in Bangladesh, 24% of participants had both anxiety and depression, while 60% of students reported periods of anxiety, sadness, and panic, and 12% of students suffered episodes of anxiety, despair, and panic. There are just anxiety episodes, and only 4% of people experience no psychiatric episodes. However, academic factors included pressure, which was the most usually reported, mission and exam burden, and the duty to earn a decent grade (Saha et al., 2021). Coping is the process of managing the internal and external demands of stressful situations through thoughts and behaviors. The coping strategies of positive and negative coping are opposed. People who used mostly positive coping techniques had reduced emotional discomfort, whereas those who used more negative coping strategies had the opposite experience. As a result, when people are confronted with tough or complicated unfavorable situations, the coping style they pick has a significant impact on their psychosocial outcomes, particularly their mental health (Huang et al., 2021).

2.3 Experiencing Psychological Distress

The introduction of COVID-19 and the ensuing tactics to combat its growth, which included lockdown, social distancing, and a shift to an online learning environment, may have increased the prevalence of psychological distress among students. Because of the challenges of juggling the demands of university and employment, students who

work part-time or full-time while finishing their education are more likely to experience psychological stress. Financial difficulty can cause psychological stress in students who do not have a career, affecting their grades. Moreover, some students face difficulties with financial arrangements and difficulties creating and maintaining interpersonal relationships, leading to social isolation raising the risk of psychological distress (Akin-Odanye et al., 2021). The disruption of academic routine, financial losses in the family, a lack of personal space at home, an increased risk of infecting other family members, and unstable future careers may have many psychological impacts on university students. In addition, institutions have begun to provide an online or virtual learning program for continuing education. However, rural students have had to cope with updated settings because of a lack of adequate internet connectivity and access to computers, adding to their psychological stress (Patwary et al., 2020). University life is a moment of transition for students, during which some leave home for the first time, losing parental supervision and family social support; a move that can cause psychosocial distress in and of itself. The rise of COVID-19 and the following measures to contain it, including lockdown, social isolation, and a shift to an online learning environment, may have increased the prevalence of psychological distress among students. COVID-19's psychological impact on undergraduate and postgraduate students' financial security, interpersonal connections, and concerns about achieving academic milestones in various institutions and colleges (Akin-Odanye et al., 2021). According to this interpretation, the psychological distress levels measured in their study are related to the students' concerns about their academic activities, both in terms of delays in degree completion and their emotional states of loneliness and isolation due to physical distance from their peers and partners about COVID-19 effects and containment measures.

Furthermore, students on the Rome campus had greater levels of anxiousness, according to their research. This might be related to the more significant concentration of medical students on this campus, who are at a higher risk of psychological distress than the general population due to their knowledge of health problems. Furthermore, this finding might be explained because people in medical professions are more empathic and altruistic and are more likely to have adverse psychological reactions in a health crisis (Villani et al., 2021). After being exposed to stressful circumstances, people's psychological responses are tremendously varied. People might be resilient and swiftly return to their regular life, or they can acquire various types and degrees of mental problems. Males and females react to stress in various ways, have different ways of managing stress, and have varied perceptions of their abilities to do so. According to research, while females are more likely to report physical symptoms connected with stress, they are also more likely to interact with others in their life, which can be beneficial to their stress management tactics (Amerio et al., 2022). Both staff and students may be affected by the short-term change in the learning environment to online instruction and the uncertainties produced by COVID-19. According to recent studies, health care professionals exposed to COVID-19 have a significant frequency of mental health disorders. Mental distress is widespread among medical students, even in the absence of COVID-19, especially among those with limited social support (Guse et al., 2021). After returning to online classes, there was a significantly decreased incidence of psychological distress ($Z = -2.27$; $p = 0.02$). Anxiety symptoms did not change before and after returning to online classes ($Z = -0.51$; $p = 0.61$) (Seffrin et al., 2021). People who follow this approach will almost certainly be isolated at home for the sake of the community's safety. This strategy may or may not succeed in Bangladesh, but a protracted lockdown period requiring widespread quarantine is certain to have a

psychological impact due to underlying factors such as increased media coverage, a rise in the number of new cases, and so on. Another research suggests that those under quarantine may experience psychological discomforts such as worry, rage, bewilderment, and post-traumatic stress symptoms. Students' ability to efficiently and appropriately regulate their emotions amid general health crises and avoid misfortunes caused by emergency situations has become a critical concern for colleges and institutions (Khan et al., 2020).

2.4 Experiencing different mental health issues

The psychological effects of the COVID-19 pandemic may shift from anxiety to pessimism and sadness, all of which have been related to harmful consequences, including suicidal behavior. Saha et al., 2021 conducted a study among students at private universities, 24% of participants experienced both anxiety and depression, while 60% of students reported experiences of anxiety, sadness, and panic, and 12% of students suffered episodes of anxiety, sadness, and panic. Anxiety levels among students may be related to the virus's consequences on their education, future jobs, and social media exposure. Furthermore, among health care university students who attend university hospitals, elevated anxiety levels related to the fear of getting infected by the virus may be much higher (Seffrin et al., 2021). Students who had a COVID-19-infected family or friend were at risk, and people who knew an affected individual were 1.5 times more likely to suffer from sadness, anxiety, and stress than others who did not (Ghazawy et al., 2020). As a result of students displaying indications of anxiety and stress, universities and colleges worldwide face unanticipated obstacles. While some worry may be a sensible response to the pandemic's unknowns, many surveys have revealed a significant increase in the prevalence of depressed and anxious symptomatology among students, ranging from moderate to severe. Various degrees of

anxiety were found among students of a Chinese institution under quarantine due to the spread of COVID-19, ranging from average (75%) to mild (21%) to moderate (3%) (Camacho-Zuñiga et al., 2021). The outbreak is not only dying people throughout the world, but it is also putting psychological stress on those with COVID-19 and healthy people. High levels of stress and anxiety are natural responses to any event out of the ordinary. According to the study, individuals during quarantine may experience psychological distress in anxiety, anger, confusion, and post-traumatic stress symptoms. Around one out of every four student's experiences anxiety, and approximately 60% of the students had to have an IES score of moderate to severe (Khan et al., 2020). Anxiety levels among students may be connected to the virus's effects on their studies, future employment, and social media exposure. Furthermore, high anxiety levels associated with the fear of being infected by the virus may be even higher among health care university students who attend university hospitals. Constant exposure to news and information on COVID-19, on the other hand, is positively correlated with the incidence of mental health disorders (Seffrin et al., 2021). Many Asian and European nations – the first continents to be hit by the outbreak — have seen an upsurge in mental health issues, particularly anxiety and depression, with anxiety and depression prevalence rates of 32.9 and 35.3 percent in Asia 31.9 percent in Europe, respectively. The COVID-19 pandemic was a novelty in Italy since it was the first European country to be hit, causing anxiety, stress, and depression, notably among the young and elderly, with anxiety, depression, and stress prevalence rates of 18.7, 32.7, and 27.2 percent, respectively (Villani et al., 2021). When they are in a transition period in their academic, professional, and personal lives, university students are particularly vulnerable to mental health issues such as sadness, anxiety, and insomnia. According to research conducted in Germany, 35.9% of university students studied had moderate

to severe depression, while 27.7% had moderate to severe anxiety symptoms. It is necessary to gather data on anxiety, depression, and other mental health indicators. However, it is also essential to identify causative processes that explain mental health problems both during and after the pandemic—particularly vulnerable groups, such as university students (Vilca et al., 2022). The psychological reactions to the COVID-19 pandemic may shift from worry to helplessness and depression related to undesirable outcomes, including suicidality. Existing studies suggest that people with severe mental affective disorders may have long-term difficulties processing sensory information, which has a link to increased levels of sadness, impulsivity, alexithymia, and pessimism in the face of danger (Saha et al., 2021). Seffrin et al., (2021) conducted a study that only 19% of healthcare students are free of depression, anxiety, or stress symptoms, according to a survey. The rest of the people (81%) experienced at least one of the three symptoms.

Furthermore, the prevalence of depression and anxiety among medical students during the COVID-19 pandemic was recorded, with 17.2 percent of students experiencing moderate to severe depression and 20.3 percent experiencing moderate to severe anxiety. COVID-19 has negatively impacted students' mental health worldwide, with significant emotional impacts. These unfavorable circumstances, combined with health-related anxieties and uncertainty about the future, have triggered a wave of negative emotions among students worldwide, including frustration, boredom, exhaustion, anxiety, stress, depression, and anger (Camacho-Zuñiga et al., 2021). Extended university closures and social distancing-imposed restrictions forced students to learn at home using online lectures and educational programs during the COVID-19 lockdown, potentially fostering social isolation, depression, despondency, and periods of clinical decompensation. Houses were the only place where students slept, ate,

studied, did sports, and interacted for nearly two months under stay-at-home instructions (Amerio et al., 2022).

CHAPTER III: Methodology

3.1 Research aim, objectives, and questions

3.1.1 Research questions

What is the level of psychological distress of the undergraduate Occupational Therapy Students during to COVID-19?

3.1.2 Aim

To find out the level of psychological distress of the undergraduate Occupational Therapy students of BHPI during to COVID-19.

3.2 Research design

In this study the researcher used cross-sectional study of the quantitative research design. The cross-sectional study is the best suited method for presenting a situation over a short period of time. The researcher used a quantitative cross-sectional study because the researcher found it helpful to collect data from many different individuals at a single point in time. It is used to look at the prevailing characteristics in a given population. A cross-sectional study as a snapshot of a particular group of people at a given point in time allows for collecting data from a large pool of subjects and comparing differences between participants' difficulties ("What Is a Cross-Sectional Study?", 2021). Quantitative methods intend to emphasize objective measurements and the statistical, mathematical, or numerical analysis and evaluation of data/statistics accumulated through polls, questionnaires, and surveys, or via manipulating pre-existing statistical records by the use of computational techniques. Quantitative research focuses on gathering numerical data or facts and generalizing it across groups of people or giving an explanation for a particular phenomenon.

3.3 Study setting & period

Setting:

The study was conducted at Bangladesh Health Professions Institution, CRP, which was the only OT school in Bangladesh until the data collection period.

Period:

In this study, the study period was from April 2021 to February 2022.

3.4 Study participants

3.4.1 Study population

Occupational Therapy students (1st- 4th year) are participating in the study.

3.4.2 Sampling technique

The participants were selected by convenience sampling based on an inclusion criterion. This is the most common nonprobability sample. Convenience sampling involves using respondents who are “convenient” to the researcher. There is no pattern whatever in acquiring these respondents—they may be recruited merely by asking people who are present in the street, in a public building, or in a workplace. It's referred to as “convenience” sampling because unless the targeted user group is truly limited to those people, it is likely introducing some bias to recruit just a particular slice of the population (Galloway, 2005).

3.4.3 Sample size

$$\begin{aligned} \text{Adjusted Sample size} &= \frac{S}{1 + \frac{(S-1)}{P}} \\ &= \frac{384}{1 + \frac{(383-1)}{167}} \\ &= \frac{384}{1 + \frac{382}{167}} \\ &= \frac{384}{\frac{167 + 382}{167}} \\ &= \frac{384 \times 167}{549} \\ &= 117 \end{aligned}$$

Here,
S= Sample size for initiate population
P= population

In a pandemic situation, it is difficult to collect data within a short period of time. That's why the researcher selected an adjusted sample size of 117 for 167 participants from the Occupational Therapy department, BHPI. Current 167 participants in four years OT department. In this formula 117 participants are followed. In my study 139 participants were responded from the Bangladesh Health Profession Institute.

3.4.4 Participant recruitment process

At first the researcher took permission from the Occupational Therapy department to take data from the B.Sc in Occupational Therapy students. After getting permission researcher was contacting with the class monitor of all classes and fixed a separate date for each class. According to the fixed date researcher went to the classes to reach the participants and collected data.

3.4.5 Inclusion criterion

- Undergraduate Occupational Therapy students from Bangladesh Health Professions Institution.

3.5 Ethical considerations

The researcher got approval from the Institutional Ethical Review Board through the Department of Occupational Therapy Department. BHPI. Then there was no attempt to do any harm to the participants psychologically from the researcher's side. Participants are from my junior cohorts but I did not force them to participate in the study. The investigator did not force the person to participate in the study against their interest; instead, the researcher behaved professionally to gain the participants' trust. The investigator did not exploit the participant's privacy by asking irrelevant questions and sharing personal information (name, age, statements) of participants with any third person. A consent form was used to get the participants' permission to participate in the research. They also informed that their information would be used for the study will be published, but their names and address will be confidential. At the bottom of there will indicate the signatures of the researcher, the participants, and a witness.

3.6 Data collection

3.6.1 Data collection method

According to the availability, the researcher fixed a date and time with the participant. The researcher explained the aim of the study and study procedure to participants before collecting data. The researcher provided and explained the information sheets and consent forms to the participants when collecting data. After that, the researcher collected the demographic information from the participant. Once it was finished, the researcher conducted face-to-face interviews. The researcher used quantitative methodology and asked pre-set, Specific questions addressing to find out their mental condition during the pandemic. The researcher used the IES-R scale for data collection. It was helpful because this questionnaire ensures to take all the information needed for

this study.

3.6.2 Survey tool

Data were collected by Impact of Event Scale Revised Scoring (IES-R). The Impact of Event Scale-Revised (IES-R) was used to assess the psychological distress of COVID-19 among OT students in the BHPI. The IES-R is a self-administered questionnaire containing 22 items and it has been previously translated and validated in English and Bangla. The Impact of Event Scale - Revised (IES-R) is a 22-item self-report questionnaire that examines the psychological distress produced by traumatic experiences. The IES-R has also been used to measure symptomatology experienced during the COVID-19 pandemic in Saudi Arabia, Egypt, Italy, and China. The response for each question was scored based on a five-point Likert scale ranging from 0 (not at all) to 4 (extremely) and generated a total score (ranging from 0 to 88). The revised version of the Impact of Event Scale (IES-r) has seven additional questions and a scoring range of 0 to 88. On this test, scores that exceed 24 can be quite meaningful. High scores have the following associations. The total IES-R score was considered normal (from 0 to 23); indicative of mild (from 24 to 32); moderate (from 33 to 36); or severe (37) psychological impact. The IES-R is very helpful in measuring the effect of routine life stress, everyday traumas and acute stress (Davico et al., 2020).

3.7 Data management & analysis

To characterize the sample, a descriptive analysis was used. Statistical Package for the Social Sciences (SPSS) windows version 25 has been used to analyze the data. Descriptive statistics described the fundamental characteristics of the study's data as they give quick summaries of the sample and the statistics. They are the foundation of practically any quantitative data analysis and simple descriptive analysis. Simple percentages were the findings- percentage (%). Pie charts had been shown the

visualization of the information gathered. At the beginning of the data analysis, the data had been set on SPSS, and then the analysis of socio-demographic and background information has been conducted.

3.8 Quality control & quality assurance:

The researcher used standardized scales to ensure the validity and reliability of the measurement. The data were collected from the Occupational Therapy Department of BHPI, CRP-Savar. All participants received similar questions and environments so that the quality was assured for all participants.

CHAPTER IV: Results

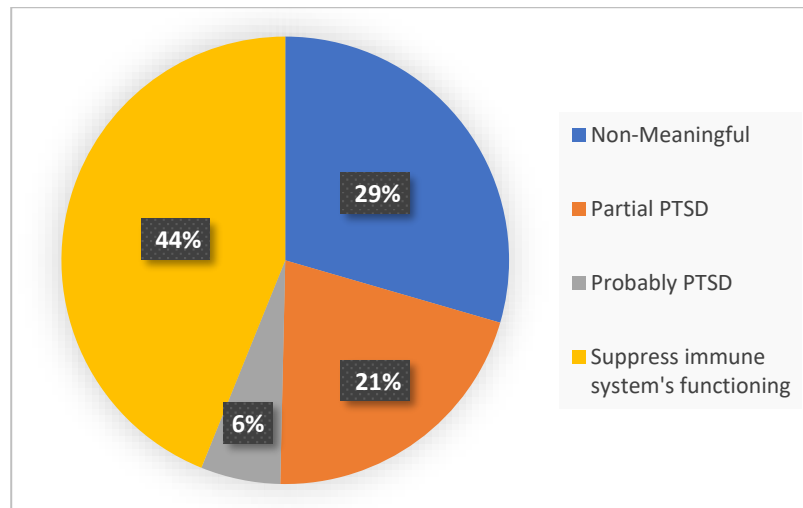
The following chapter representing the findings of the impact of COVID-19 on the mental health of undergraduate occupational therapy students; 139 students had participated, where 35% were male, and 65% were female. Of the total participants, 33% were 1st-year participants, 23% were 2nd year, 27% were in the 3rd year, and 17% were in the 4th year. Among the participants, the average age was 22.06 years. In order to find out their distress level by using the IES-R scale, and also to know who was facing anxiety and depression during the pandemic and at present time.

Table 1 Socio-demographic status of the participants (n=139)

Socio-demographic Characters	Sub-groups	Number	Percentage
Age in years			Mean=22.6 SD±1.312
Sex	Male	49	35%
	Female	90	65%
Student's Year of Study	1 st Year	44	33%
	2 nd Year	32	23%
	3 rd Year	37	27%
	4 th Year	24	17%

4.1 Impact of COVID-19 on psychological distress of undergraduate OT students:

Figure-1: IES-R score



According to the figure-1 pie chart, non-meaningful indicates that they are fine in the pandemic and also in the present situation. Those with scores this high who do not have full PTSD will have partial PTSD or at least some of the symptoms. This is the most accurate threshold for a probable PTSD diagnosis. This level is high enough to cause the immune system to function, which indicates PTSD. 29% of participants are feeling mentally normal during the COVID-19 pandemic and present time. They did not face any stressful life neither during the pandemic nor in the present time. Partial PTSD among 21% of participants reflects the mild stressful impact of the COVID-19 on the participants. Probable PTSD, in about 6%, is a moderate stressful impact of the COVID-19 pandemic on the surveyed participants. 44% of participants suffer from a stressful life that suppresses their immune systems to function normally. Also, this data indicates PTSD or at least some of the symptoms.

Overview of the total number of participants' level distribution of distress among different years rings the pandemic and present time is given below:

Table 2 Distribution of distress among the students of BHPI

		Normal/No distress	Mild Distress	Moderate Distress	Severe Distress	Total
Year of the participants	1st year	7	9	2	28	46
	2nd year	16	6	2	8	32
	3rd year	14	8	4	11	37
	4th year	4	6	0	14	24
Total		41	29	8	61	139

Following table 2 show that, In the first year, 7 participants are normal; they don't have any distress, 9 of them are facing mild distress, 2 have moderate distress, and 28 participants are facing severe distress. 16 participants are normal; they don't have any distress, 6 participants are facing mild distress, 2 of them have moderate distress, and 8 respondents say they are facing severe distress in 2nd year. In 3rd year participants 14 of them, they do not face any distress, 8 participants are facing mild distress, 4 have moderate distress, and 11 participants are facing severe distress. In the 4th year respondents, 4 participants are normal, 6 of them are facing mild distress, there are no participants that are facing moderate distress, and 14 participants are facing severe distress.

CHAPTER V: Discussion

University students are at a higher risk for mental health problems than the overall population, according to several studies. Students routinely report higher levels of mental health problems than the general population (Ghazawy et al., 2020). Most students worldwide may have experienced unprecedented, once-in-a-lifetime anxieties and disruptions in their everyday lives as a result of the COVID-19 outbreak and the actions taken to combat it, such as school and university closures. By this interpretation, the psychological distress levels measured in our study are linked to students' concerns about their academic activities, both in terms of delays in degree completion and their feelings of loneliness and isolation due to physical distance from their peers and partners in relation to COVID-19 effects and quarantine measures. Following 139 students, this study found that the mental health of 29% of participants is satisfactory during pandemic and present time. They did not face any stressful life events during and even after the pandemic of COVID-19. During the pandemic, and at present, 21% of participants had gone with a mild stressful life that has caused partial PTSD 6% of participants reported a moderate level of psychological distress caused by the outbreak. About 44% of participants reported that they face distressful life events that affect their daily activity, and it has also suppressed their immune system and functioning. That defines them as PTSD or at least some of the symptoms. These findings corresponded with a study conducted in China which has a higher level of psychological impact compared to the stress on the general public at the initial stage of the epidemic (Khan et al., 2020). In responded participants, 35% of participants did not suffer from depression, and 65% of them had suffered from depression during the pandemic. The

psychological reactions to the COVID-19 pandemic may shift from worry to helplessness and depression related to undesirable outcomes, including suicidality. Existing studies suggested that people with mental health issues have severe affective disorders, which may result in long-term difficulties processing sensory information, which has a link to increased levels of sadness, impulsivity, alexithymia, and pessimism in the face of danger (Saha et al., 2021). In total participants, 33% of participants in the 1st year, 23% of participants in the 2nd year, 27% of participants in the 3rd year, and 17% of participants in the 4th year are suffering from depression. Total responded participants, 76% of participants faced anxiety during the pandemic and in the present time, and 24% of participants did not suffer it. Also, 18-21 age range participants are less affected than 22-25 age range participants. The psychological effects of the COVID-19 pandemic may shift from anxiety to pessimism and sadness, all of which have been related to harmful consequences, including suicidal behavior. In the study among students at private universities, 24% of participants experienced both anxiety and depression, while 60% of students reported experiences of anxiety, sadness, and panic, and 12% of students suffered episodes of anxiety, sadness, and panic. Anxiety levels among students may be related to the virus's consequences on their education, future jobs, and social media exposure (Saha et al., 2021). In the 1st year, 33% of participants, 2nd year 23% of participants, 27% of participants of the 3rd year, and 4th year 17% of participants are suffering from anxiety during the pandemic. COVID-19 stresses such as the economic crisis, academic delay, concern about a family member's health, and news & social media exposure were all strongly connected with student anxiety disorder, according to our data. These similar findings were reported by Cao et al. (2020).

CHAPTER VI: Conclusion

6.1 Strength and Limitation

The mental health crisis is still not very much familiar to most people around. People don't feel free to speak up and share their problems. Here in this paper, most respondents didn't elaborate on their feelings because they don't feel safe. A limited amount people are honest and courageous enough to share their feelings. And this situation makes mental health situations more destructive. To avoid future destruction, mental health awareness should be promoted. The availability of mental health care should be taken with the highest importance. Some of the students did not respond because they did not share information and some are on leave.

6.2 Practice Implication

The financial difficulty as a result of lockdown was linked to students' concerns about achieving educational milestones and the harmful impact of COVID-19 on family connections, according to the study. To lessen the mental impact of COVID-19 on students, universities should collaborate to quickly offer resources for students and their families to receive economic assistance packages, as well as open tele-counseling lines to give psychosocial and informational support to students as required. For further knowledge about this increasing mental health crisis, a depression, and anxiety measuring scale should use for data collection that initiative should be taken.

6.3 Conclusion

In this survey, we can easily see that most students are frustrated and suffering from distress and anxiety. The study and future have become shaky due to the pandemic, and students are getting impatient. Responses from the survey are quite alarming. When

more than 50% of students face harmful mental conditions, this can damage the near future. According to mental health professionals, people with negative feelings can show severe mental disorders afterward. Another concerning fact is that only a few students are aware of their situation. They are reaching out for help. Consulting and counseling are essential for everyone. It can help to reduce the negative impact of mental issues. However, as most are not willing or not aware of the seriousness, it can create a long-term effect and cycle of depression. Financial difficulty, academic disruption, worry about a family member's health, and social media exposure were all found to be positively linked with the students' anxiety levels on the COVID-19. According to the findings, the COVID-19 outbreak imposed a strain on students in a variety of ways, including financial hardship, inability to access laboratories, increased mental stress, internet connectivity concerns, difficulty obtaining technological devices, and an unpredictable academic calendar. This study shows that the person may need help, but they do not reach out for lack of knowledge or opportunities.

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APPENDICES

Appendix A: IRB Permission Letter

Date: 16/11/21

The Chairman
 Institutional Review Board (IRB)
 Bangladesh Health Professions Institute (BHPI)
 CRP-Savar, Dhaka-1343, Bangladesh

Subject: Application for review and ethical approval.

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralyzed (CRP). I would like to conduct research titled **"Impact of Covid-19 on mental health of undergraduate Occupational Therapy Students of BHPI."** with myself, as the principal investigator and Md. Julker Nayan as my thesis supervisor. The purpose of the study is to find out the impacts due to COVID-19 pandemic on mental health status of undergraduate Occupational Therapy Students.

The **"Impact event scale-revised" Questionnaire and self-develop socio-demographic questions** will be used in the study that will take about 10 to 15 minutes. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,


Fayzullah Hasan Abid

 Fayzullah Hasan Abid
 4th year, B.Sc. in Occupational Therapy
 Session: 2016-2017, Student ID: 122160221
 BHPI.

Recommendation from the thesis supervisor/concerned authority:

Md. Julker Nayan
 16.11.21
 Md. Julker Nayan
 Associate Professor
 Dept. of Occupational Therapy,
 BHPI.

Appendix B: IRB Approval Letter



বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: CRP/BHPI/IRB/11/2021/534 Date: 18/11/2021

To
 Fayzullah Hasan Abid
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-17 Student ID: 122160221
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

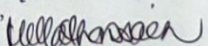
Subject: Approval of the research project proposal “**Level of psychological distress of the undergraduate occupational therapy students of BHPI during COVID-19**” by ethics committee.

Dear Fayzullah Hasan Abid,
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Md. Julker Nayan as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

The purpose of the study is to Level of Psychological Distress of the Undergraduate Occupational Therapy Students of BHPI due to COVID-19. Should there any interpretation, typo, spelling and grammatical mistakes in the title, it is the responsibilities of the investigator. Since the study involves questionnaire that takes maximum 10 to 15 minutes and have no likelihood of any harm to the participants, the members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held at 9.15 AM on 15th September, 2021 at BHPI (29th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

 Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404
 E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd, www.crp-bangladesh.org

Appendix C: Information Sheet & Consent Form

Information sheet

The name of the student researcher is Fayzullah Hasan Abid. He is a student of 4th year, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). As a part of his academic issues, he has to conduct a thesis this academic year. So, the student researcher would like to invite you to participate in this study. The study's title is "Level of Psychological Distress of the Undergraduate Occupational Therapy Students of BHPI due to COVID-19". Your participation is voluntary in the study. You can withdraw your participation anytime. There is no facility to get any pay for this participation. The study will never harm you, but it will help the service user know your experience, which is very important for the service provider to plan for future activities. The confidentiality of all records will be highly maintained. The gathered information from you will not be disclosed anywhere except this study and supervisor. The study will certainly never reveal the name of the participant

If you have any queries regarding the study, please feel free to ask to the contact information stated below:

Fayzullah Hasan Abid

Student of 4th year B. Sc. in Occupational Therapy, Department of Occupational
Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka-1343

Consent form

This research is part of the Occupational Therapy course, and the name of the student researcher is Fayzullah Hasan Abid. He is a Bangladesh Health Professions Institute student in B. Sc. in occupational therapy as a 4th-year student. The study is entitled as "Level of Psychological Distress of the Undergraduate Occupational Therapy Students of BHPI due to COVID-19".

In this study, I am a participant, and I have been clearly informed about the purpose of the study. I have the right to refuse participation at any time and at any stage of the research. I will not be bound to answer to anybody. I understand that there will be no harm and benefit for participation in the study in the present or future.

I am also informed that all the information collected from me used in this study would be kept safe and maintained confidentiality. The student researcher and the supervisor will be eligible to access the data to publish the research result. My name and address will not be published anywhere in this study.

Signature/Fingerprint of the Participant:	Date:
Signature of the Student researcher:	Date:

Appendix D: Information Sheet & Consent Form Bangla

তথ্য পত্র

আমি ফায়জুল্লাহ হাসান আবিদ, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) এর ছাত্রী যা পক্ষাঘাতগ্রন্থদের পুনর্বাসন কেন্দ্র (সিআরপি) এর একটি শিক্ষা প্রতিষ্ঠান। আমি বি.এস.সি ইন অকুপেশনালথেরাপি বিভাগের ৪র্থ বর্ষে অধ্যয়নরত আছি। এই কোর্সের অংশ হিসাবে চূড়ান্ত বর্ষে আবশ্যিক ভাবে একটি গবেষণা কর্ম সম্পন্ন করতে হয়। আমি আপনাকে এই গবেষণায় অংশগ্রহন করার জন্য আমন্ত্রন জানাচ্ছি। গবেষণার বিষয় হচ্ছে "স্নাতক অকুপেশনাল থেরাপী শিক্ষার্থীর মানসিক স্বাস্থ্যের উপর কোভিড-১৯ এর প্রভাব"।

এই গবেষণায় অংশগ্রহন সম্পূর্ণ আপনার ইচ্ছাকৃত। আপনি যে কোন সময় আপনার অংশগ্রহণ প্রত্যাহার করতে পারবেন। ইহা আপনার শিক্ষা ক্রমে কোন রূপ ব্যাঘাত ঘটাবে না। গবেষণায় অংশগ্রহণের জন্য কোন উপহারের ব্যবস্থা নাই। আপনি এই গবেষণা থেকে সরাসরি উপকৃত নাও হতে পারেন।

আপনার কাছ থেকে প্রাপ্ত তথ্য গোপনীয়তার সাথে রাখা হবে। শুধুমাত্র গবেষক এবং তার তত্ত্বাবধায়ক তথ্যগুলো ব্যবহার করতে পারবেন। আপনার পরিচয় গবেষণার কোথাও প্রকাশ করা হবেনা। গবেষণা সংক্রান্ত আপনার যদি কোন রূপ প্রশ্ন থাকে তাহলে আমাকে দ্বিধাহীন ভাবে জিজ্ঞাসা করতে পারেন। গবেষণা বিষয়ক সকল প্রশ্নের উত্তর দেবার জন্য আমি সচেষ্ট থাকবো।

ফায়জুল্লাহ হাসান আবিদ

বি.এস.সি ইন ইন অকুপেশনাল থেরাপি বিভাগ, ৪র্থ বর্ষ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএচপিআই)

সি আর পি, চাপাইন, সাভার,

ঢাকা-১৩৪৩

সম্মতিপত্র

এই গবেষণাটি অকুপেশনাল থেরাপির কোর্সের একটি অংশ এবং গবেষণাকারীর নাম ফায়জুল্লাহ হাসান আবিদ। সে পক্ষাঘাতগ্রস্থ পুনর্বাসন কেন্দ্র (সি আর পি) এর অধিনস্থ বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের অকুপেশনাল থেরাপি বিভাগ এর ৪র্থ বর্ষের ছাত্র। এই গবেষণাটির শিরোনাম "স্নাতক অকুপেশনাল থেরাপি শিক্ষার্থীর মানসিক স্বাস্থ্যের উপর কোভিড-১৯ এর প্রভাব"।

এই গবেষণাতে আমি.....একজন অংশগ্রহনকারী এবং পরিষ্কারভাবে এই গবেষণার উদ্দেশ্য সম্পর্কে অবগত। আমার যে কোন সময়ে এই গবেষণা থেকে নিজেকে প্রত্যাহার করার অধিকার আছে। এজন্য আমি প্রশ্নের উত্তর প্রদান করার জন্য করে কাছ দায়বদ্ধ না। এই গবেষণাটির সাথে আমার কোন সম্পৃক্ততা নেই। এই গবেষণাটি বর্তমানে এবং ভবিষ্যতে আমার শিক্ষা ক্রমে ক্ষেত্রে কোন রকম প্রভাব ফেলবে না।

আমি আরও অবগত আছি যে, এই কথোপকথন থেকে নেওয়া সমস্ত তথ্যাবলি নিরাপদে এবং গোপনীয়তার সাথে শুধু মাত্র গবেষণার কাজেই ব্যবহার করা হবে। আমার নাম এবং ঠিকানা কোথাও প্রকাশ হবে না। শুধুমাত্র গবেষণাকারীর এবং তার গবেষণার সমন্বয়কারীর সাথে এই গবেষণার পদ্ধতি সম্পর্কে অথবা যে কোন প্রশ্নের উত্তর জানার জন্য কথা বলতে পারবে।

আমি উপরোক্ত তথ্যগুলো ভালোভাবে জেনে নিজ ইচ্ছায় এই গবেষণায় অংশগ্রহন করছি।

অংশগ্রহনকারীর স্বাক্ষরঃ	তারিখঃ
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Questionnaire

Socio-Demographic questionnaire:

1. Age:

2. Gender-
 - Male
 - Female
 - Others
3. Year: _____
4. What kind of problems are you facing during COVID-19?
 - Economic
 - Educational
 - Family issues
 - Medical facility
 - Mental health crisis.
5. How do you think your family condition changed during this pandemic?
 - Worsen than before
 - Neutral
 - Improved than before
6. How is your/ your family's economic changed during this pandemic?
 - Reduced
 - Neutral
 - No income source.
7. Do you think your career/ future/ education is affected by COVID-19?
 - Yes
 - No
 - May be
8. Has anyone in your family/ relatives/ friends been infected with coronavirus?
 - Yes
 - No
9. Did you face any of the situations mentioned bellow during the pandemic?

- Fear of death
- Fear of death of family members and relatives
- Sadness
- Anxiety
- Depression
- Stress and suffocation
- Suicidal thoughts.

10. How frequently you have these feelings mentioned above?

- Always
- Sometimes
- Rarely
- Others: _____

11. Did you face similar mental health issues before the pandemic?

- Yes
- No
- Others: _____

12. What do you do when you face any psychological problem?

- Deal with it
- Try to avoid
- Distract myself with other activities
- Self-harm

13. Did you have any suicidal thoughts during this period?

- Yes
- No

14. Do you have a family member/ friend whom you can talk to when needed?

- Yes
- No

15. Have you noticed any other mental health problem recently?

- Yes
- No

16. You have been very strong until now. I appreciate your strength. Do you want to share anything concerning your overall mental health condition?

_____.

Impact of Event Scale - Revised (IES-R)

Instructions:

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (the event). How much were you distressed or bothered by these difficulties?

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble staying asleep	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	2	3	4
13	My feelings about it were kind of numb	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble concentrating	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on-guard	0	1	2	3	4
22	I tried not to talk about it	0	1	2	3	4