

## Mental Well Being during Novel Corona Lockdown (COVID-19): An Empirical Study

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### ABSTRACT

Novel Corona (COVID-19) has created unprecedented situation in society and Lockdown administered by Governments has confined people within the four walls of home. Deviation from normal course of action can disturb mental well-being. This comprehensive cross-sectional study was conducted to ascertain the status of mental well-being of the people in the state of Uttar Pradesh during novel corona lockdown phase I (March 25-April 14, 2020). Data was collected by using a self developed questionnaire from a sample of 450 people by using snowball sampling methods and analysed statistically using t test and one way ANOVA test. Results reveal that majority of people were found in average mental well-being level, and they do not differ significantly in terms of mental well-being on the basis of gender, employment, age group, family set up and place of living. Study concludes that people are not much worried about the lockdown and facing it with positivity so far.

**Keywords:** *Novel Corona (COVID-19), Mental well-being, Lockdown, Phase-I, Gender, Employment*

Novel Corona virus is a new variant of Corona viruses family, causes respiratory disease. People are infected by coming in contact of infected person and thing. Nature of infection has forced people to live in isolation and maintain social distance. Governments administered lockdown to save people from infection. Lockdown placed people in restructured social set up, adversely affecting their mental well being. Parameters like mental health, positive mental health and mental well being are used to measure the deviations from the scale what is generally called normal behaviour pattern. Mental health is broader concept used to measure over all well being of an individual. Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” (World Health Organization, 2004). Concept of Mental health focuses on over all well being of an individual and a product of larger span of time. Mental well being is a collective response of emotion, positive thoughts and perception of self to overcome challenging situation. Cambridge dictionary defines well being as “the state of feeling healthy and happy” so mental well being can be summarised as

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a cope up mechanism of an individual to negative feelings and challenging situations. It is a state of feeling contented, happy, and relaxed where as a person is able to live with the sense of satisfaction and able to contribute something to the society. Mental well being is the most basic requirement to excel in life and to achieve one's objectives. Mental Well Being is operationally defined in this research as 'person's state of feeling contented and relaxed.

There are various factors that affect mental well being including isolation and confinement. Lockdown put thousands of people in their home snapping their connection with outer world. Social Isolation was associated with cardiovascular disease mortality in each sub group but with cancer mortality only among whites were found; among black participants, social isolation doubled the risk of early death, while it increased the risk among white participants by 60 to 84 percent. (Alcaraz, Eddens et.al. ,2019) Social isolation in terms of weak connectedness with relatives and with friends and loneliness were associated with depressive symptoms even after controlling for age, gender, employment status and other covariates. (Ge L, Yap CW, et.al. ,2017)

Hawkey and Capitanio (2015) found that perceived social isolation was linked with adverse health consequences and concluded that loneliness can wreak havoc on an individual's physical, mental and cognitive health. Bentall, Miller et.al. (2020) in 'COVID-19 Psychological Research Consortium, (C19PRC), Initial Findings on COVID-19 and Mental Health in U K', concluded that 'people are well-informed about COVID-19, taking health related appropriate action and largely psychologically resilient. Certain groups those with preexisting mental health condition, living alone or with children with low income or financially affected by pandemic appear to be more at risk of poorer mental health.' People with mental health conditions could be more substantially influenced by the emotional responses brought on by the COVID-19 epidemic, resulting in relapses or worsening of an already existing mental health condition because of high susceptibility to stress compared with the general population.' (Yao, Chen, Xu,2020). There was no study found on the social isolation in lockdown or mental well being of the people during COVID-19 lockdown in India. Confinement, isolation and social distancing can push people to cross the fine line of well being.

First case of COVID19 was reported in India on 30 Jan 2020 and the rate of spread remained slow in initial phase but spiked with passing of time and reached to 334 till 21 March 2020. On realising the gravity of seriousness of disease, government implemented harsh measure of complete Lockdown from 25 March, to 14 April 2020, phase I (March 25-April 14, 2020) after Janta curfew to stop movement of people. Lockdown has created new structure of social set up which was unknown to people who could not imagine about such lockdown. Spread of disease followed by lockdown, created alarming situation in society as people are forced to live in social isolation with no approach to outer world. In such situation people can experience difficulty in managing their emotion, state of happiness, productivity, satisfaction level and positivity. It can affect their attitude towards life. Such situation can be trigger point of negativity, anxiety, uncertainty, frustration, and depression leading low mental well being. Focus of the proposed study is to measure the emotional and behavioural response to immediate situation arised due to Lockdown administered by Government of India due to outbreak of a pandemic COVID-19. Study of mental well being is the need of time to measure the changes coming in behaviour of the masses.

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### *Objectives Of the Study*

Following were the objectives of the study: -

- To study the mental well being of the people during novel corona lockdown
- To compare mental well being level of the people during novel corona lockdown on the basis of gender, marital status, and employment status.
- To compare mental well being level of the people during novel corona lockdown on the basis of age level, family setup and place of living.

### *Hypotheses*

Following directional hypotheses were formulated to study the objective number 2: -

- The mental well being of females is higher than the mental well being of males during novel corona lockdown.
- The mental well being of married people is higher than the unmarried people during novel corona lockdown.
- The mental well being of working people is more than the mental well being of the non-working people during novel corona lockdown.
- Following null-hypotheses were formulated to study the objective number 3:
- People with varied age groups (17-30, 31-60 and 60 and above) do not differ significantly in their mean scores of mental well being during novel corona lockdown.
- People with varied family setup (joint family, nuclear family, living alone) do not differ significantly in their mean scores of mental well being during novel corona lockdown.
- People with varied place of living (metropolitan, cities, town and villages) do not differ significantly in their mean scores of mental well being during novel corona lockdown.

## **RESEARCH METHODOLOGY**

The research is conducted during the Covid-19 lockdown in India, phase I (March 25-April 14, 2020). In a such a situation, systematic and in person collection of the samples was difficult as all the institutions were closed and potential participants were hard to find. Thus, Snowball Sampling, a chain referral method was chosen for research. Snowball sampling method is used when the population under study is rare to find or the topic of investigation is sensitive in nature. In view of the first aspect that is, rareness of the population under study due to the lockdown, the snowball sampling method was used in the study. Cross-sectional survey method was used in the study by ascertaining the status of mental well being of the people on the basis of different age groups, gender, marital status, employment status, family set up and place of living and comprehensive results were derived on the basis of the above parameters.

Population comprised of all the people of Uttar Pradesh. Sample consisted of 450 participants of Uttar Pradesh, India. An online questionnaire was made on Google forms and was sent on WhatsApp to the participants. Initially, the researcher approached 50 callouts for the sample. It further increased making it to the total 450 participants in U.P. state across gender, marital status, and status of employment, place of living, the age groups and the family setups. 306 participants of age group 17-30, 135 of age group 31-60 and 9 of age group 60 and above, 261 males and 189 females, 181 married and 269 unmarried, 218 working and 232 non-working, 87 of metropolitan, 190 of city, 58 of town and 115 of

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villages, 174 of joint family, 238 of nuclear family and 38 participants living alone, constituted the sample of the study.

### ***Tool For Data Collection***

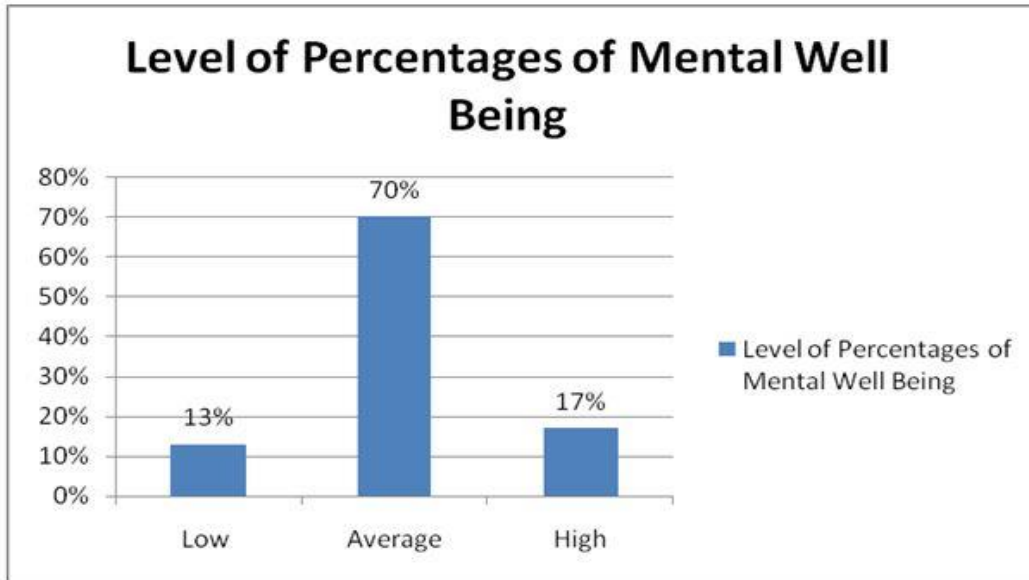
Self-constructed tool namely ‘Mental Well Being During Covid-19 Questionnaire’ (MWCQ) was prepared after extensive review of related literature. It was based on a five point Likert scale- Always, Often, Sometimes, Rarely, Never. The items were formulated in consideration of the feeling and functionality aspects of the mental well being in the context of corona lockdown. It has been developed in Hindi language keeping the convenience of the sample in consideration. Initially 30 items were developed. The first draft was sent to the five experts for the content validity. Subsequently, 10 items were eliminated based on the suggestion of experts. The final draft consisted of 20 items, which was then administered on the sample of the study. The maximum scores of mental well being were 100. Its content validity has been established. The tool was made open after nearly 15 days of the lockdown phase so that the mental well being scores of the people during Covid-19 lockdown phase could be assessed authentically.

It was the need of hour to study mental well being of people in an unprecedented lockdown but the tool could not be validated due to emergence of peculiar national lockdown like situation. So its content validity was established after implementing the suggestions from the five experts and it was administered to the sample of study. The 14 item WEMBS (Warwick-Edinburgh Mental Well Being Scale), K-10 (Kessler Psychological Distress Scale) and GHQ-12 (General Health Questionnaire-12) although are valid tool to assess the mental well being level but all these were not found comprehensive enough to assess the mental well being status in the situation of pandemic COVID-19 and the national level lockdown. In this situation, the new aspects have emerged like loneliness due to social distancing, varying eating habits and lifestyle in this phase, lack of mutual trust, fear of meeting people in the corona lockdown were not part of the tools available. Hence, a comprehensive tool was constructed to assess mental well being of the people during the corona lockdown.

***Table 1 : Norms for Interpretation of Mental Well Being Levels***

<b>Mental Well Being Level</b>	<b>Interpretation</b>
Above 85	High
57-85	Average
Less than 57	Low

IBM Statistical Package for Social Sciences (SPSS) was used for statistical computation in the research. Mean and standard deviation were calculated to find out the average mental well being scores of the people, t-test was calculated to find out the comparisons in mental well being scores on the basis of gender, marital status and employment scores for which one-tailed test was used and critical values were calculated at 0.05 level of significance. One way ANOVA as a statistical measure was used to compare the mental well being scores on the basis of place of living-metropolitan, cities, towns and villages, on the basis of age level that is 17-30, 31-60, 60 and above categorised as Young adults, Middle aged adults and senior citizens and also on the basis of family setup that is, people living in joint family, nuclear family and people living alone. Data analysis has been done as per the objectives and hypotheses formulated for the research.



*Figure 1 showing the level of percentage of mental well being*

Figure 1 shows the percentages of the low, average and high mental well being scores of the participants. 70% of the participants scored average mental well being scores. Merely 13% of the participants scored low mental well being scores and only 17% of the participants fall in the high mental well being scores. It shows that the participants in U.P. mostly have average mental well being during the novel corona lockdown and very fewer percentages of 13% and 17% are in the low and high mental well being scores respectively. Thus, People in U.P. are average in their mental well being during the novel corona lockdown.

- Hypothesis 1: The mental well being of females is higher than the mental well being of males during novel corona lockdown.
- Hypothesis 2: The mental well being of married people is higher than the unmarried people during novel corona lockdown.
- Hypothesis 3 : The mental well being of working people is more than the mental well being of the non-working people during novel corona lockdown.

*Table 2: Comparison of mental well being level on the basis of Gender/Marital/ Employment Status*

Variable	Gender/Marital/ working status	N	Mean	Std. Deviation	df	t-value (Level of Significance)	
Well Being Scores	Gender	Male	261	71.41	13.84	448	.158 (Not significant)
		Female	189	71.20	13.83		
	Marital Status	Married	181	73.70	14.061	448	3.015 (Significant,0.05)
		Unmarried	269	69.72	13.454		
	Employment Status	Working	218	71.85	14.212	448	0.783 (Not Significant,0.05)
		Non-Working	232	70.83	13.461		

Table-2 depicts the t-value of mean mental well being scores of males and females as .158 which is not found significant at 0.05 level of significance (0.43). Alternative hypothesis was formulated and only one-tailed test was used, the critical value (.158) was tested at 0.05 level of significance (1.97) only and was found insignificant. It infers that there is no

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significant difference between the males and females on their mental well being scores and the alternative hypothesis formulated that is, the mental well being of the females is more than the mental well being scores of the males, cannot be said to be true. This can also be seen that the average mental well being scores of the males and females are nearly equal that is 71.41 and 71.20 respectively. Thus, it can be concluded that there is no significant difference between the mental well being levels of the males and females during novel corona lockdown. This may be because the people in India are governed by strong family support especially the bonding between the siblings and values of love and care for each other.

Table 2 depicts that the critical value of  $t$  depicting mean difference in mental well being scores on the basis of marital status is 3.015 which stands significant at 0.05 level of significance (1.97). Alternative hypothesis was formulated thus, only one tailed test was used and the critical value was tested at only the 0.05 level of significance. The critical value, 3.015 is much higher than the value at 0.05 level of significance that is, 1.97. It is found that there is significant difference between the mental well being levels of people in U.P on the basis of marital status. Thus, the alternative hypothesis formulated that is, the mental well being of married people is higher than the unmarried people during novel corona lockdown stands accepted. This can be also be seen in the table that the average value of mental well being of married people is 73.70 and the average value of mental well being of unmarried people is 69.72 and there is considerable mean difference of 3.971 with slight differences in their standard deviation values. Thus, it can be concluded that the mental well being level of married people is higher than the mental well being level of unmarried people in U.P. during novel corona lockdown. This may be due to greater family support to the married people as compared to the unmarried people.

Table 2 also shows that the critical value of  $t$  depicting mean difference between mental well being scores of working and non-working is 0.783 which is found to be not significant at 0.05 level of significance (1.97). Alternative hypothesis was formulated thus, only one tailed test was used and the critical value was tested at only the 0.05 level of significance. The critical value, 0.783 is lower than the value at 0.05 level of significance that is, 1.97. Thus, there is no significant difference between the mental well being of the working and the non-working people. Thus, the alternative hypothesis formulated that is, the mental well being of working people is higher than the non-working people during novel corona lockdown is rejected. This can be also be seen in the table that the average value of mental well being of working people is 71.85 and the average value of mental well being of non-working people is 70.83. Thus, there is no significant difference between the mental well being level of working people and the mental well being of non-working people in U.P. during novel corona lockdown. This may be due to the well knit family structure of the Indians, specifically of the people in U.P where each of the family members get social security from other family members in the family. Thus they remain mentally strong with sense of belongingness to each other.

- Hypothesis 4: People with varied age groups (17-30, 31-60 and 60 and above) do not differ significantly in their mean scores of mental well being during novel corona lockdown.
- Hypothesis 5: People with varied family setup (people living in joint family, people living in nuclear family and people living alone) do not differ significantly in their mean scores of mental well being during novel corona lockdown.

- Hypothesis 6: People with varied place of living (metropolitan, cities, town and villages) do not differ significantly in their mean scores of mental well being during novel corona lockdown.

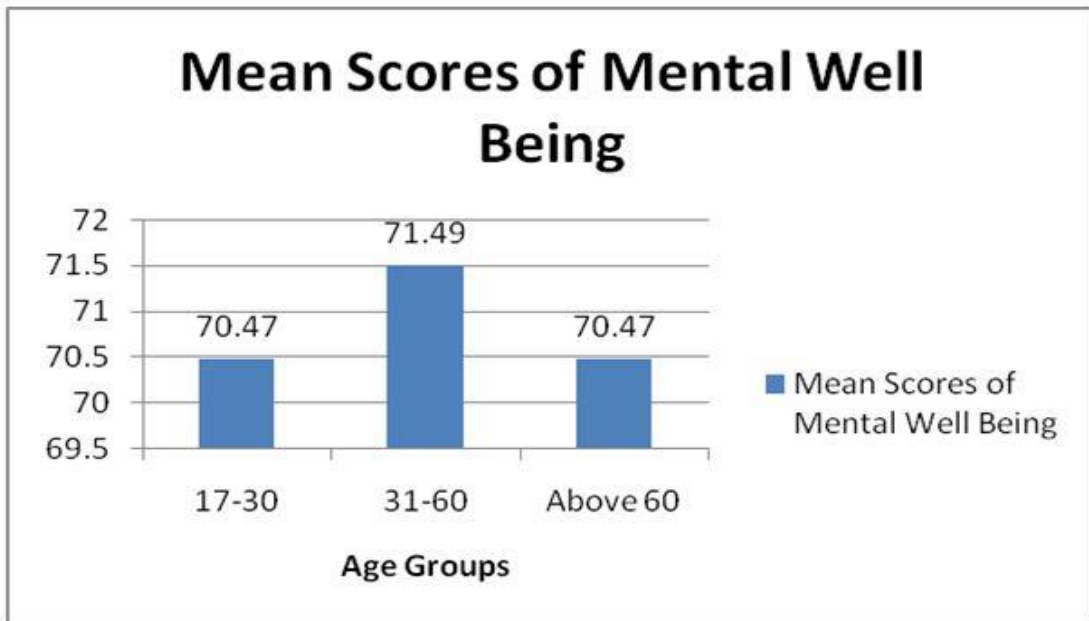


Figure 2: Mean mental well being scores of people with varied age groups

Figure 2 reveals the mean scores of mental well being among the people in U.P. with 17-30 age group, 31-60 age group and above 60 age group ( $M=72.33$ ,  $SD=20.17$ ) as 70.47, 73.19 and 72.33 respectively.

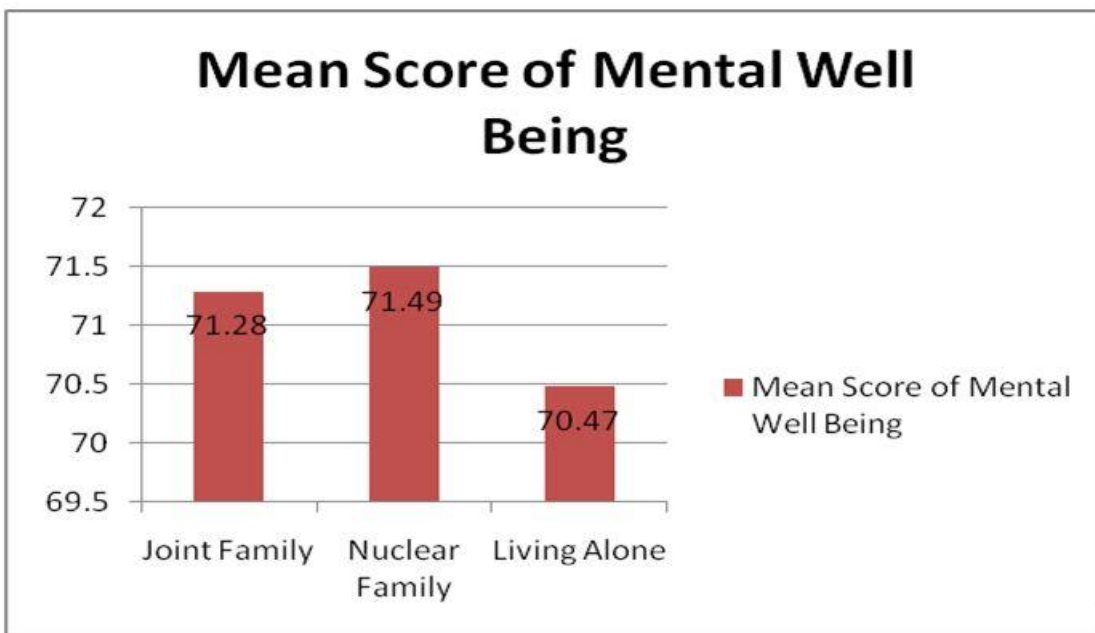
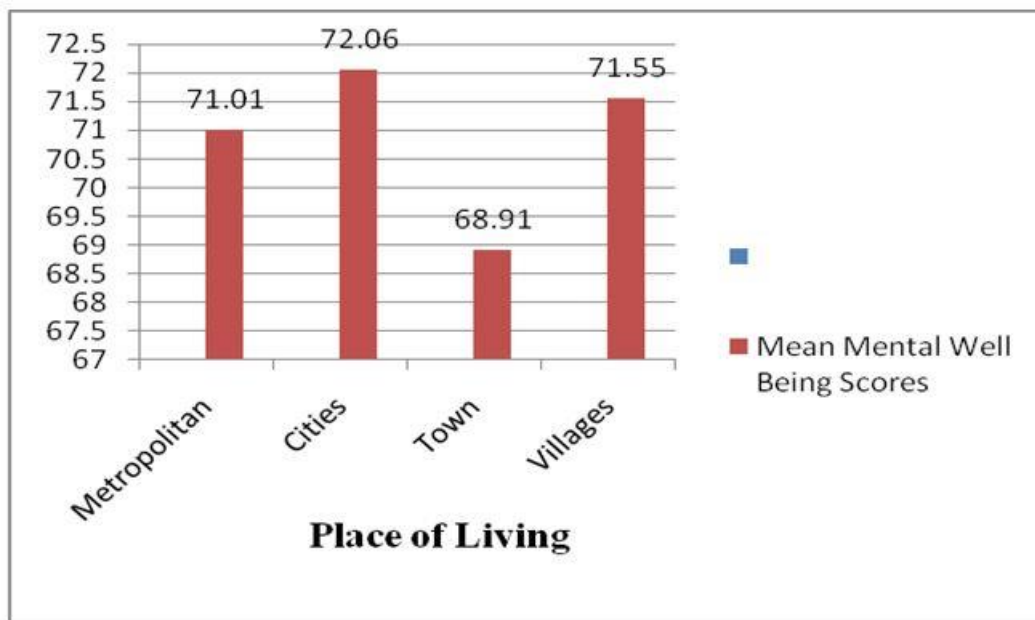


Figure 3: Mean of mental well being scores of people with varied family set up

Figure 3 reveals the mean scores of mental well being among the people in U.P. living in joint family, living in nuclear family and people living alone as 71.28, 71.49 and 70.47 respectively

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**Figure 4:** Mean mental well being scores of people with varied place of living

Figure 4 reveals the mean scores of mental well being among the people in U.P. living in cities, living in metropolitan, people living in town and people living in villages as 72.06, 71.01 and 68.91 respectively

**Table 3:** Analysis of variance to compare the mean scores on the basis of varied age groups, family set up and places of living

Variable	Source of Variation	Sum of Squares	Df	Mean Square	F-value	Significance	Result
Age Groups	Between Groups	699.672	2	349.836	1.837	.160	Not Significant*
	Within Groups	85104.606	447	190.391			
	Total	85804.278	449				
Family Set Up	Between Groups	34.562	2	17.281	.090	.914	Not Significant*
	Within Groups	85769.715	447	191.879			
	Total	85804.278	449				
Places of Living	Between Groups	454.991	3	151.664	.793	.499	Not Significant*
	Within Groups	85349.287	446	191.366			
	Total	85804.278	449				

\*at 0.05 level of significance

Table-3 shows F (calculated) value=1.837, and F (critical) value at 0.05 level of significance is 3.01. Since the obtained value of F is less than the critical value of F, therefore, the null hypothesis: 'People in U.P. with varied age groups (17-30, 31-60 and above 60) do not differ significantly in their mean scores of mental well being during novel corona lockdown' is accepted. Thus, there is no significant difference in the average mental well being levels of the people in UP of varied age groups during novel corona lockdown.



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It can be also be seen from figure 2 that the average mental well being scores of people in UP of the age groups, 17-30, 31-60 and above 60 is 70.47, 71.49 and 70.47 respectively during novel corona lockdown. The mean scores are nearly equal to each other and there are no statistically significant differences between them.

The probable reason behind this finding may be because in the times of lockdown most of the people are living together and passing quality time with family. It is inferred that most of the people are going through the similar pattern of thought and they are experiencing similar conditions despite of their age group differences.

Table-3 shows F (calculated) value=.090, and the F (critical) value is 3.02. Since the obtained value of F is less than the critical value of F, therefore, the null hypothesis: 'People in U.P. with varied family set up (people living in joint family, people living in nuclear family and people living alone) do not differ significantly in their mean scores of mental well being during novel corona lockdown' is accepted. Thus, there is no significant difference in the average mental well being levels of the people in UP of varied family set up during novel corona lockdown.

It can be also seen from figure 3 that the average mental well being scores of people in UP of varied family setup-people living in joint family, people living in nuclear family and people living alone is 71.28, 71.49 and 70.47 respectively during novel corona lockdown. The mean scores are nearly equal to each other and there are no statistically significant differences between them. Post hoc test (Tukey's HSD) was not applied to identify the pair wise differences as F value is insignificant. Thus there is no difference between the mean scores of mental well being of the people in U.P. living in joint family, living in nuclear family and people living alone.

This is because the lockdown has changed life style, working condition and social set up. People have enough time to support each other and even to those who are living alone at the distant places through available medium of communication. People's inclination to the religious activities, yoga, meditation etc. could be the source of their mental well being in times of the crisis irrespective of their different family set ups.

Table 3 shows F (calculated) value=.793 and the F (critical) value at 0.05 level of significance is 2.63. Since the calculated value of F is lesser than the critical value of F, therefore, the null hypothesis : 'People in U.P. with varied places of living (metropolitan, towns, cities and villages) do not differ significantly in their mean scores of mental well being during novel corona lockdown' is accepted. Thus, there is no significant difference in the average mental well being levels of the people in UP living in metropolitan, towns, cities and villages during novel corona lockdown.

It can be also seen from figure 4 that the average mental well being scores of people in UP living in metropolitan, towns, cities and villages is 71.01, 72.06, 68.91 and 71.55 respectively during novel corona lockdown. The mean scores are nearly equal to each other and there are no statistically significant differences between them.

The probable reason of this could be that the people in U.P. irrespective of the place of living are mentally strong as they are made well aware by the government by various mediums about the novel corona lockdown. Adequate knowledge empowers them to be strong mentally and to deal with crisis in united way.

### *Main Findings*

Following are the major findings of the study:

- The people in U.P. mostly have average mental well being (70%) during the novel corona lockdown and very fewer percentages of 13% and 17% are in the low and high mental well being scores respectively.
- There is no significant difference between the males and females on their mental well being scores
- There is significant difference between the mental well being levels of people in U.P on the basis of marital status. The mental well being of married people is higher than the unmarried people during novel corona lockdown.
- There is no significant difference between the mental well being levels of people in U.P on the basis of employment status.
- People with varied age groups (17-30, 31-60 and 60 and above) do not differ significantly in their mean scores of mental well being during novel corona lockdown
- People with varied family set up (people living in joint family, people living in nuclear family and people living alone) do not differ significantly in their mean scores of mental well being during novel corona lockdown
- People with varied places of living (metropolitan, towns, cities and villages) do not differ significantly in their mean scores of mental well being during novel corona lockdown.

### **DISCUSSION OF RESULTS**

Lockdown administered due to outbreak of pandemic Coronavirus (COVID-19) has created unprecedented situation in the life of people and forced them to take break from the fast pace of life. Break in the life is good when taken voluntarily but a forced cutoff from normal course of life is problematic. Since data was collected nearly after fifteen days of lockdown places majority in the level of average mental well-being which is good sign that people are not much worried during the lockdown and hopeful that this will pass soon. Cultural practices, family centric social set up and religious nature of people living in U.P. are acting as strength of pillar in this challenging time. People have sufficient time to enjoy with their family members and to connect with themselves but they don't fare at high end on mental well being scores. There is possibility that people could fail to maintain average mental well being if adequate measures are not taken to engage people in positive activities. Due to lockdown financial activities came to stand still and it is one of the probable reasons that people majorly scored average mental well being scores but it is too early to measure the consequence of financial problems. In long run financial difficulties could be the major cause of mental stress. People do not differ significantly on the basis of gender and employment status, indicates about the effect of restructured roles of male and female, working and non-working as both are confined to home and their status have taken back seat and they are performing at par with each other.

People also do not differ significantly on the basis of age group, family set up and place of living is positive sign that all the groups have adequate awareness about the COVID-19 and well aware about their role in this fight. They are supporting each other during lockdown period. Such results also indicate about the positive side of cultural practice. Belief in community life and social support uniting them to deal with situation positively. Since individuality is not widely practiced phenomenon in Indian society and people have belief in well functional family system to support each other. Even the people living alone found

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equally competent with other groups in handling this situation, as they are also receiving constant support from their family and friends through various mediums. People differ significantly on parameter of married and unmarried. Married people are found more resilient in the situation as compared to unmarried. It can be inferred that existence of primary unit of family i.e., family constituted after marriage in a larger frame of family system has larger impact on the mental well being of married people. Married people have better spousal support to face the difficult situation as they are emotionally well aligned to each other and enjoying lockdown as quality time while unmarried need to rely on others for emotional support who could not fall within the circle on close intimacy. Over all analysis of the variable presents positive picture of mental well being of people living in U.P. but thirteen percent people with low score is matter of concern and it is the need of hour to focus on them so they can overcome this unprecedented time with better feelings. Moreover, it can be said that Indian cultural and social set up is acting as a shield against worrisome feelings caused by pandemic.

### CONCLUSION

Study conceived with idea to measure mental well being of people of U.P. show that majority of participants in U.P. are having average mental well being scores. This draws attention to the fact that in this changed scenario when coronavirus cases are rising steadily posing threat to every individual with a feeling of getting infected and there is no clarity on lifting of lockdown. Uncertainty has occupied our minds. It is a major challenge to maintain the average mental well being scores at the higher end and bring people with low score to average level. To overcome this phenomenon all the stake holders i.e., resident welfare society, NGO, Trust, Educational Institutes, Gram Panchayat, Community Heads, Leaders etc. should join hands in the time of crisis to give a sense of security and emotional support to the people so that they do not feel isolated and mentally weak. Follow social distancing but do not let the emotional distancing come in your way of life. The findings would be helpful to the government and other agencies to formulate policies to handle the pandemic with better strategy and implementation. Let us unite in the time of crisis.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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