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Research Paper

Role of COVID-19 on the Demand of Applied Psychology Fields: A Lifespan Study

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ABSTRACT

The SARS-CoV-2 virus is the infectious agent that causes coronavirus illness (COVID-19) (World Health Organization: WHO, 2020). India declared it to be a pandemic on March 25, 2020. The country-wide lockdown lasted for 55 days in an effort to stop the virus from spreading. Significant social, economic, and medical difficulties were brought on by the pandemic. Depression, anxiety disorders, mood disorders, sleep problems, posttraumatic stress symptoms, panic stigmatization, low self-esteem, and loss of self-control are some of the manifestations of the negative effects of physical isolation. These factors—longer hospital stays, stigma and discrimination surrounding the illness, and isolation following diagnosisleft the population more susceptible to psychological stress (COVID-19 Cases / WHO COVID-19 Dashboard, n.d.). Our main goal was to determine the impact of COVID-19 on the demand for applied psychology fields by researching the mental health issues that affect children, adolescents, and adults, as well as by gathering the opinions of mental health and special education experts on these issues. The research methodology followed purposive sampling where the sample consisted of 2 participants from each age group and 2 special educators and mental health professionals making it a total of 10 research participants. The data was collected through Qualitative research methodology (semi-structured interview). The results highlight the increased importance and demand of Applied Psychology fields after the outbreak of COVID-19.

Keywords: COVID-19, Applied Psychology, semi-structured interview, age groups, mental health professionals

he severe acute respiratory syndrome-causing coronavirus (SARs-CoV-2), also known as COVID-19, is thought to have started in Wuhan, China, and quickly spread around the world.

Clinical features of COVID-19 ranged from an asymptomatic state to severe acute respiratory distress syndrome and multi-organ dysfunction (*COVID-19 Cases / WHO COVID-19 Dashboard*, n.d.). After its outbreak in India between the middle of March and May 2020, India reported over 56,342 positive cases. Being the second most populated country during COVID-19 (currently at the first position in population), it was very difficult

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to handle the outbreak across the country. The Ministry of Health and Family Welfare applied necessary interventions to raise awareness and control the spread of the disease. Several wartime protocols were implemented by the Central and state governments of India across the nation, including a 55-day lockdown throughout the country from 25th March 2020 to curb the transmission of the virus (Kumar et al., 2020).

The outbreak caused significant social, economic and medical challenges. Apart from the severe threat of death and physical distress caused by COVID-19, the social and economic sectors were also collapsing during that time. The citizens of the country were being overwhelmed by the extremely strict pandemic prevention measures, and closure of schools, colleges, and work sectors, restrictions on all non-essential productions and commercial activities adversely affected the daily lives of people and put economic organisations in danger. The prevention of infection, the identification and management of the rise in cases, and the development of successful public health protection programs presented significant difficulties to the health sectors. People's daily lives were severely disrupted by the longterm, widespread effects of COVID-19 and the uncertainty surrounding its termination. This resulted in the loss of resources for meeting basic needs like food, water, and shelter as well as the disruption of resources for more pressing needs like unemployment and academic uncertainty. The COVID-19 pandemic had wider effects on the micro and macro systems of an individual ecosystem due to its varied effects on the individual, family, educational, occupational, and medical systems; in addition, it intensified political rifts, cultural and economic inequities, and discriminatory ideas.

An estimated 140 million individuals lost their jobs during the lockdown, and many more had their pay reduced. India's unemployment rate increased from 6.7% on March 15 to 26% on April 19, and by mid-June, it had returned to pre-lockdown levels (Gruber et al., 2021). The concerns about the disturbance of interpersonal relationships were relevant in encompassing psychological impacts and physical consequences. Reduction in social engagement caused loneliness which had detrimental effects on both mental and physical health, significantly increasing the risk factors. Covid-19 put the global educational system to the test and compelled teachers to switch overnight to an online teaching model. All academic institutions were forced to switch completely to online teaching and learning, altering their traditional schooling method (Gupta et al., 2022).

After dealing with severe illness, suffering the separation from loved ones due to the disease or even facing their death, the disruptions to the customary grieving process (attending funerals, spending time with extended family members or performing religious rituals) increased prolonged grief and persistent worries among people regarding the safety of their family members and a continuous fear of losing them. Role uncertainty and conflict caused further social disruptions during COVID-19: the adults had to take up the role of caregiver and home-school instructor for their children alongside their professional obligations which also raised stress and exhaustion among the adults. On the other hand, continuous supervision by the parents and lack of academic and social exposure led to severe distress among adolescents, while gadget addiction was an increasing issue of concern among children as well as teenagers (De Figueiredo et al., 2021). Thus, strict quarantine guidelines contributed to increased changes in interpersonal adversities (marital discord, parent-child conflicts, addictive behaviours, unemployment, unstable economic conditions, and lack of social support). Even if the government's efforts to contain the outbreak were successful, the widespread sickness and lockdown would undoubtedly have psychological repercussions. These effects could be predictive of the mental health consequences for COVID-19-affected

persons or even those who are directly or indirectly connected to the victims. Some of the major mental health issues that emerged during the COVID-19 period can be attributed to a number of factors, including age, gender, marital status, education, occupation, income, place of residence, close contact with COVID-19-positive individuals, co-occurring mental and physical health issues, exposure to COVID-19-related news and social media, stigma against psychosocial support, health communication, risk of contracting COVID-19, and perceived likelihood of survival. The impacts of physical isolation expressed themselves in the form of depression, anxiety disorders, mood disorders, posttraumatic stress symptoms, sleep disorders, panic stigmatization, low self-esteem, and lack of self-control. Lack of social support, longer hospital stays, stigma and prejudice related to the disease and isolation upon diagnosis made the population vulnerable to higher levels of psychological stress. The healthcare practitioners and the frontline providers worked overtime to satisfy the growing demand for critical care as COVID-19 cases were putting a strain on health systems and other immediate resources around the world. Thus, these individuals were more prone to worry, despair, exhaustion, and insomnia (Hossain et al., 2020). As an adverse effect of all the socio-economic, mental and physical health distress mentioned in this paper The National Crime Records Bureau (NCRB) data, which is the administrative data source of unnatural deaths in India based on police reports, reported an increase in the number of suicides in India 2020 compared to 2019 (Arya et al., 2022)

Immediately following the quarantine period, people started experiencing emotional instability, irritability, insomnia, depression, and symptoms of post-traumatic stress disorder. The long-term effects continue to be extensive and include substance abuse, anxiety, rage, despair, and behavioural changes including avoiding crowded areas and washing hands carefully and more frequently leading to obsessive-compulsive disorder symptoms. These symptoms have dominated the psyche of individuals for several months right after the quarantine period. The impacts of COVID-19 on mental health have continued and gotten worse even nearly three years after the pandemic began. In the post-pandemic era, common psychiatric illnesses and suicide will become more common. Areas that can be targeted to address this problem include improvement in access to services such as telepsychiatry, early assessment, treatment, and psycho-social support; screening for and supporting particular groups; executing measures mitigating the impact of economic recession on mental health in the long term; and eventually, during the pandemic, addressing stigma (Kathirvel, 2020). After most governments in the world implemented limits on public meetings to reduce the spread of COVID-19, counselling and psychotherapy underwent an almost instantaneous transformation. There are many different specialised areas within psychology, and each expertise has a special contribution to address various pandemic-related issues. The majority of public health organizations globally came to the conclusion that mask-wearing and social separation was the most important preventative health behaviours in the absence of a vaccine. Consequently, psychologists were acknowledged as important contributors to governments and politicians' efforts to combat the pandemic. They addressed inequities in outcomes, care, and vulnerability while working in interdisciplinary teams to help stop the spread of the virus. Without a vaccine or efficient medical treatments, behavioural interventions were the main means of halting the COVID-19 pandemic. Being the experts in human behaviour, psychologists possess the tools necessary to investigate suitable behavioural measures. With the ultimate goal of breaking the chain of infection and assisting individuals in maintaining healthy behaviours, psychology researchers were recruited and they utilized their expertise and resources to investigate these and several other aspects of the pandemic and human behaviour. Although digital tools for psychiatric assessment and treatment delivery were available before the onset of the pandemic, their importance and use

became evident only after the outburst of the pandemic, when patients were unable to visit their physicians face-to-face. Digital tools have appeared in many forms, including phone apps, standalone self-help programs, hybrid formats that combine digital and traditional therapy, and teletherapy (Bell et al., 2020).

Thus, it was reiterated that mental health providers play a very critically essential role in the treatment of widespread psychic distress during the COVID-19 pandemic. In an age where social distancing is taken as a necessary precaution, psychologists continued to deliver crucial service throughout the pandemic by availing themselves of state-of-the-art techniques like teletherapy. It is in this regard that, in addition to leading the fight against negative psychological implications of extended social isolation and unstable economic circumstances, mental health professionals involved in leading public health responses advocated for corresponding behavioural approaches. Indeed, the post-COVID time has still further reverberated with the call for multidimensional treatments for mental health, as the value of applied psychology—which is to be expressed more and more in terms of mitigating long-term, insidious psychological repercussions—first became palpable. The aftermath of the pandemic speaks much to the critical need for specialists in mental health but simultaneously shows just how immediate the need is to develop mental health services and integrate them into public health strategies.

Need of the Study

This study aims to contribute knowledge to the field of research and mental health professionals as this is an unexplored area of research especially in the Indian context. The focus of this research is to explore the increasing awareness about Applied Psychology fields and understand the influence of COVID-19 on the perception and awareness of mental health professionals.

Research questions

- What were the various difficulties faced by individuals across age groups during COVID-19?
- What were the pros and cons of taking psychological assistance?
- What are the perspectives of mental health professionals on the demand and scope of applied psychology fields post-COVID-19?

REVIEW OF LITERATURE

Mariana Velykodna and Iryna Frankova's research (2021) examined practitioners' initial reactions to the COVID-19 outbreak in relation to psychological support and psychotherapy. Following online surveys, 145 psychologists and psychotherapists were included in the study. The results have shown that 35.9% of 145 participants answered that they had implemented changes in their practice in some way. Additionally, 75.2% of practitioners have been thinking about doing the same. Basically, the research drew the conclusion that the COVID-19 pandemic, just in the early weeks, brought the pandemic situation to the fore, shedding light on the relevant changes in the way that such care was organized (Velykodna & Frankova, 2021).

June Gruber, Lee Anna Clark, Jonathan S. Abramowitz, Amelia Aldao, Tammy Chung, Erika E. Forbes and co-authors published a review paper (June 2021), which studied Mental Health and Clinical Psychological Science in the Time of COVID-19: Challenges, Opportunities, and a Call to Action. This paper portrays COVID-19 as a discrete multi-

dimensional stressor that will require new scientific and practice paradigms in delivering mental health services, and training, and a deep-felt need for intervention. The emphasis then turns to the crucial issues that cross the developmental stages. This is followed by a summary of the mental symptoms that are anticipated to surface, which will become rather widespread and call for innovative scientific and practical remedies. The opportunities for clinical psychological science to become a cutting-edge, contemporary field to address the burden of mental disease and distress in the post-COVID-19 world are highlighted by the implications of new research areas, clinical techniques, and policy challenges. The acute and long-term psychological impacts of COVID-19 require that clinical psychological science go into use today, better than ever. (Ghebreyesus, 2020).

Mohit Varshney, Jithin Thomas Parel, Neeraj Raizada, and Shiv Kumar Sarin published research (May 2020), which studied the Initial psychological impact of COVID-19 and its correlates in the Indian Community. From March 26 to 29, an online poll centred around the snowball effect was administered, inviting friends via text message. Based on the information that is currently available, it assessed the sociodemographic and clinical traits that are likely connected to COVID-19. In addition, it assessed the psychological impact using the Impact of Event-revised scale in a sample of 1106 responses to an online survey from approximately 64 different cities around the country. At least one item was missing from responses from 453 of these, and these were excluded from the analysis. With a 3:1 male-to-female ratio and a about 41-year-old mean age, around 22% of the respondents were employed in the health industry. A considerable psychological influence was indicated by about one-third of respondents (IES-R score > 24). Female gender, presence of concomitant physical illness, and younger age correlated with higher levels of psychological impact. Other variables also detected a stronger level of psychological impact, even after failing to achieve statistical significance. This would, therefore, support the need for a more complete and longer-term assessment of the population's psychological needs (Varshney et al., 2020).

Deblina Roy, Sarvodaya Tripathy, Sujit Kumar Kar, Nivedita Sharma, Sudhir Kumar Verma and Vikas Kaushal published their research (April 2020), which was based on a Study of knowledge, attitude, anxiety & perceived mental healthcare needs in the Indian population during the COVID-19 pandemic. The anxiety levels presented are high, with more than 80% claiming they were thinking about COVID-19, and 72% claimed that they needed to use sanitisers and gloves. An online survey was carried out with a semi-structured questionnaire and a non-probability snowball sampling technique. The number of answers received was 662. In this study, 12.5%, 37.8% and 36.4% of respondents reported problems sleeping, being paranoid about getting COVID-19, and using social media to vent their distress respectively. Over 80% reported need for mental healthcare (Roy et al., 2020).

The Rationale of the Study

- **Unexplored Area:** The influence of COVID-19 on the demand for applied psychology across the lifespan (children, adolescents, and adults) is an unexplored area of study especially in India. This study aims to fill up the research gap.
- Lifespan Approach: By the involvement of psychologists, special educators, and citizens of all ages, the study can help to reveal how COVID-19 impacted mental health services across different demographics.
- **Mental Health:** The pandemic brought mental health to the forefront. This study examines whether COVID-19 increased social understanding of the role of applied psychologists in addressing psychological issues.

• **Indian Setting:** By focusing on people in India, this valuable insight is given into the unique social and cultural landscape in the country. This can inform targeted interventions and resource allocation.

METHODOLOGY

Aim: To identify the role of COVID-19 on the Demand of Applied Psychology Fields.

Objective:

- To study the various difficulties individuals across age groups, face during COVID-19 and their approach towards mental health assistance.
- To understand in detail the perspectives of mental health professionals on the demand and scope of applied psychology fields post-COVID-19.

Variables

- Independent Variables Individuals who took psychological assistance during COVID-19
- **Dependent Variables** Demand of Applied Psychology Fields (Counselling, Clinical).
- **Mediating Variables** Socio-Economic distress, Mental health issues, Awareness and Attitude towards mental health, Accessibility and availability to psychological services.

Research type: Qualitative research methodology

Research Design: Exploratory

Target population – Individuals who have taken psychological assistance across age groups.

Sample size -10 (2 individuals from each age group - children, adolescents, adults, 2 special educators, 2 psychologists).

Sampling technique – Purposive sampling

Tools – Google Forms and interview questionnaires

Inclusion Criteria – Individuals who have taken psychological help during COVID-19, Indians

Exclusion Criteria – People who are not Indians and who haven't taken psychological help during COVID-19.

Procedure

To collect rich, detailed, first-person accounts of experiences, a questionnaire was circulated which included basic details, introductory questions, and whether they took psychological help during COVID-19. Followed by a semi-structured, one-to-one interview. It included both online meetings and phone call interviews. An interview schedule was prepared which included prompts and open-ended questions. The interview schedule was validated by

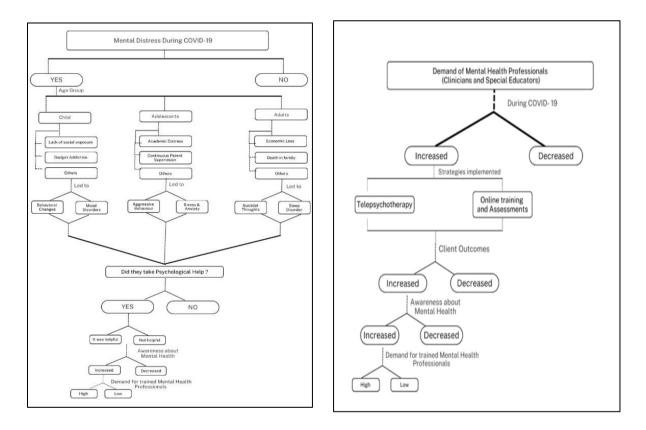
experts. The duration of each interview was approximately 10-15 minutes. The interviews were recorded with the participant's consent and later transcribed for analysis.

Ethical consideration

The purpose of the study was debriefed to all participants, only after their informed consent the one-on-one interviews were recorded. Participation in the research was voluntary and they could withdraw at any time without giving any reasons. Confidentiality and privacy were maintained and the participants were not harmed or taken advantage of.

RESULTS AND DISCUSSIONS

All the participants' answers were analysed to find the most vulnerable situations they were exposed to during COVID-19. The answers were interpreted in levels starting from the pre-COVID period up to the post-COVID circumstances, to analyse the difference in the degree of awareness of psychological assistance and the difference in the rate of demand of mental health professionals. Finally, the most repetitive answers were clustered together to form a flowchart to simplify and highlight the results formulated from the study.



A wide range of mental health issues were experienced by our participants during the COVID-19 epidemic, regardless of their age. Children were observed to have "behavioural changes, fluctuations in mood, lowered Intelligence Quotient, adjustment issues". The adolescents interviewed mostly mentioned "excess supervision from parents, increased exposure to gadgets, feelings of hopelessness, helplessness and worthlessness due to loss of social life and academic uncertainty". The adult participants struggled through "loss of job, suicidal thoughts, isolation, loss of close ones, unable to fulfil the needs of the family, family conflicts, social life crisis, substance abuse, sleep disorder and increased levels of aggressive behaviour".

Even though they were reluctant towards the importance of mental well-being before COVID-19, the circumstances faced during COVID-19 compelled them to seek psychological support. As reported by the parents of most of the participant children "The child was unable to open up his/ her problems until the psychologists decoded his adjustment issues and the psychiatrist prescribed lighter doses of medications. A special educator had been appointed for an online assessment and appropriate home interventions." The adolescents relied mostly on "Counselling, therapy (music, art), while some sought medical interventions." Clinical Psychologists played a vital role in developing "Coping mechanisms, willingness to live and increasing the awareness about mental wellness among adults."

Thus, as mentioned by the Psychologists and Special Educators who participated in our interview, "COVID-19 held hostage the breathing space of individuals across all age groups, imbibing several severe mental illnesses among them. Trained professionals were in high demand and played a key role in guiding them through the quarantine. However, there were drastic changes in the therapy and counselling patterns which brought into the existence of telepsychotherapy, conducting sessions through visual communications and home interventions. The overall outcome of the pandemic led to a surge in the demand of qualified and registered mental health professionals. Applied psychology and its branches have gained importance through the process and in turn, there is an increase in awareness of mental security and well-being among the population of India. The stereotype regarding Psychologists has been burst during COVID-19, nevertheless, India still needs to produce trained mental health professionals and needs to bring advancement in the field of Applied Psychology."

CONCLUSION

For every 1,000 persons, the WHO recommends the use of at least three mental health specialists. Currently, there are about 0.07 psychologists (social scientists who research human mental processes and behaviour) for every one million people in India. The increasing prevalence of COVID-related mental anguish raises serious concerns about the lack of psychological specialists and mental health services, which will only worsen. Therefore, there is a significant demand for young people to pursue higher education in psychology in order to acquire the knowledge, expertise, and experience required to comprehend mental well-being and offer assistance and therapy to individuals experiencing mental disease in all of its manifestations. According to a 2017 World Health Organization (WHO) report, one in seven Indians will have mental health issues. There were barely 9,000 psychiatrists and 7 counsellors for every 1.3 billion people in India. This indicates a high demand for the Applied psychology field (World Mental Health Report, 2022). However, Following COVID-19, more students are requesting to enrol in psychology honours programs and post-graduation programs, according to college reports around the country. The head of Ramanujan College's Department of Applied Psychology, Dharmendra Nath Tiwari, states that whereas the college received 30-40,000 applications before the pandemic, it received 50-60,000 applications in 2020-21, with admissions closing at a 99% cutoff. Delhi University has also increased its seats in its BA psychology programme to higher student demand (Srivastava, 2022).

This study was conducted to identify the role of COVID-19 on the Demand of Applied Psychology Fields by studying the mental health challenges faced by various age groups (children, adolescents and adults) and to obtain the perspectives of special educators and mental health professionals in this regard. A narrative approach was used. Rich and detailed

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data was collected using semi-structured interviews including phone call interviews and interviews via Google Meet, following a questionnaire which was reviewed by an expert, and contained questions about our research objective. The participants were distributed across all age groups (2 from each age group), 2 special educators and 2 psychologists. The results of the study show that there is a very high increase in the number of individuals undergoing mental health problems across all age groups, which in turn has hiked the demand for mental health professionals, thus developing and increasing the awareness and need for applied psychology fields.

Limitations

- Most participants were from one particular Indian state, which reduced the diverse perspective of the research.
- Family-based interventions could provide practical insights and wider insights about the problems the participant faced during COVID-19 and how psychological assistance helped him/her overcome it.
- This research did not consider sexual identity as a variable, including it as a factor might have provided a broader perspective on various other mental distresses faced during COVID-19 and their overcomings.

Implications for future research

- The findings help in understanding the impact of COVID-19 on the increase in demand of applied psychology as a field.
- Most of the participants were all from one state of India. To obtain a more diverse sample, participants should be sought from various demographical backgrounds.
- In addition to the above research findings, it is recommended that investigations be conducted with family-based interventions which may provide wider views on challenges and interventions related to mental health issues.
- Sexual identity was not considered as a variable and therefore future research should consider COVID-19's effect on mental health for people with different sexual orientations.
- The future study should also deal with a specific age group and delve deeper into the perspective of that segment.

REFERENCES

- Arya, V., Page, A., Spittal, M. J., Dandona, R., Vijayakumar, L., Munasinghe, S., John, A., Gunnell, D., Pirkis, J., & Armstrong, G. (2022). Suicide in India during the first year of the COVID-19 pandemic. Journal of Affective Disorders, 307, 215–220. https:// doi.org/10.1016/j.jad.2022.03.066
- Bell, C. A., Crabtree, S. A., Hall, E. L., & Sandage, S. J. (2020). Research in counselling and psychotherapy Post-COVID-19. Counselling and Psychotherapy Research, 21(1), 3–7. https://doi.org/10.1002/capr.12334
- Bell, D. J., Self, M. M., Davis, C., Conway, F., Washburn, J. J., & Crepeau-Hobson, F. (2020). Health service psychology education and training in the time of COVID-19: Challenges and opportunities. American Psychologist/the American Psychologist, 75(7), 919–932. https://doi.org/10.1037/amp0000673
- De Figueiredo, C. S., Sandre, P. C., Portugal, L. C. L., Mázala-De-Oliveira, T., Da Silva Chagas, L., Raony, Í., Ferreira, E. S., Giestal-De-Araujo, E., Santos, A. a. D., & Bomfim, P. O. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. Progress in Neuro-

psychopharmacology & Biological Psychiatry, 106, 110171. https://doi.org/10.1016/j .pnpbp.2020.110171

- Ghebreyesus, T. A. (2020). Addressing mental health needs: an integral part of COVID-19 response. World Psychiatry/World Psychiatry, 19(2), 129–130. https://doi.org/10.100 2/wps.20768
- Gopal, A., Sharma, A. J., & Subramanyam, M. A. (2020). Dynamics of psychological responses to COVID-19 in India: A longitudinal study. PloS One, 15(10), e0240650. https://doi.org/10.1371/journal.pone.0240650
- Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hofmann, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E., . . . Weinstock, L. M. (2021). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. American Psychologist/the American Psychologist, 76(3), 409–426. https://doi.org/10.1037/amp0000707
- Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., Aldao, A., Borelli, J. L., Chung, T., Davila, J., Forbes, E. E., Gee, D. G., Hall, G. C. N., Hallion, L. S., Hinshaw, S. P., Hofmann, S. G., Hollon, S. D., Joormann, J., Kazdin, A. E., . . . Weinstock, L. M. (2021b). Mental health and clinical psychological science in the time of COVID-19: Challenges, opportunities, and a call to action. American Psychologist/the American Psychologist, 76(3), 409–426. https:/ /doi.org/10.1037/amp0000707
- Gupta, V., Santosh, K., Arora, R., Ciano, T., Kalid, K. S., & Mohan, S. (2022). Socioeconomic impact due to COVID-19: An empirical assessment. Information Processing & Management, 59(2), 102810. https://doi.org/10.1016/j.ipm.2021.1028 10
- Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., McKyer, E. L. J., Ahmed, H. U., & Ma, P. (2020). Epidemiology of mental health problems in COVID-19: a review. F1000Research, 9, 636. https://doi.org/10.12688/f1000researc h.24457.1
- Karekla, M., Höfer, S., Plantade-Gipch, A., Neto, D. D., Schjødt, B., David, D., Schütz, C., Eleftheriou, A., Pappová, P. K., Lowet, K., McCracken, L., Sargautytė, R., Scharnhorst, J., & Hart, J. (2021). The role of psychologists in healthcare during the COVID-19 pandemic. European Journal of Psychology Open, 80(1–2), 5–17. https:// doi.org/10.1024/2673-8627/a000003
- Kathirvel, N. (2020). Post COVID-19 pandemic mental health challenges. Asian Journal of Psychiatry, 53, 102430. https://doi.org/10.1016/j.ajp.2020.102430
- Kumar, S. U., Kumar, D. T., Christopher, B. P., & Doss, C. G. P. (2020). The rise and impact of COVID-19 in India. Frontiers in Medicine, 7. https://doi.org/10.3389/fme d.2020.00250
- Michie, S., West, R., Rogers, M. B., Bonell, C., Rubin, G. J., & Amlôt, R. (2020). Reducing SARS-CoV-2 transmission in the UK: A behavioural science approach to identifying options for increasing adherence to social distancing and shielding vulnerable people. British Journal of Health Psychology, 25(4), 945–956. https://doi.org/10.1111/bjhp.1 2428
- Roy, D., Tripathy, S., Kar, S. K., Sharma, N., Verma, S. K., & Kaushal, V. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. Asian Journal of Psychiatry, 51, 102083. https://doi.org/10.1016/j.ajp.2020.102083

- Srivastava, S. (2022, August 23). Institutes notice a 50% increase in enrolments in Psychology courses. The Times of India. https://timesofindia.indiatimes.com/educati on/colleges/institutes-notice-a-50-increase-in-enrolments-in-psychology-courses/arti cleshow/93728800.cms
- Varshney, M., Parel, J. T., Raizada, N., & Sarin, S. K. (2020). Initial psychological impact of COVID-19 and its correlates in Indian Community: An online (FEEL-COVID) survey. PloS One, 15(5), e0233874. https://doi.org/10.1371/journal.pone.0233874
- Velykodna, M., & Frankova, I. (2021). Psychological Support and Psychotherapy during the COVID-19 Outbreak: First Response of Practitioners. Journal of Intellectual Disability Diagnosis and Treatment, 9(2), 148–161. https://doi.org/10.6000/2292-259 8.2021.09.02.1
- World Mental Health Report. (2022, June 17). https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report

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Conflict of Interest

The author(s) declared no conflict of interest.

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