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Research Article

A Longitudinal Study on the Impact of Pandemic on Mental Health in India: Comparing 2020 and 2025

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Abstract: The COVID-19 pandemic in 2020 brought unprecedented disruptions to daily life, significantly affecting the mental health of individuals across all sections of society. This research aims to explore the long-term impact of the pandemic on mental well-being by comparing primary data collected in 2020 with follow-up data gathered in 2025. By adopting a longitudinal approach, the study investigates changes in levels of stress, anxiety, depression, and coping mechanisms over five years. The research utilizes quantitative data collected via standardized mental health questionnaires administered to a demographically similar group of participants. Key variables include emotional distress, social isolation, access to mental health resources, and work-life balance. The findings highlight both positive trends, such as increased awareness and use of mental health services, and ongoing challenges, including residual anxiety and burnout in certain populations. The study contributes to understanding the enduring psychological effects of global crises and offers insights for policymakers, healthcare providers, and mental health professionals to build more resilient support systems in future emergencies.

Keywords: COVID-19, Mental health, India, Coping mechanisms, Help-seeking behavior, Resilience.

INTRODUCTION

The COVID-19 pandemic, declared a global health emergency by the World Health Organization in early 2020, drastically altered daily life worldwide. While the physical health consequences of the virus were immediately apparent, the psychological toll it exerted on individuals and communities unfolded more gradually and remains an area of significant concern. Lockdowns, economic uncertainty, fear of infection, and prolonged social isolation contributed to rising levels of anxiety, stress, and depression, particularly among vulnerable populations.

In 2020, primary data was collected to examine the immediate mental health impact of the pandemic on the general population in India. Initial findings revealed heightened emotional distress, feelings of loneliness, and limited access to mental health resources. These observations raised important questions: How enduring are the psychological effects of the pandemic? Have individuals adapted over time, or are they still experiencing residual impacts years later?

Now, in 2025, this study aims to revisit the issue through a longitudinal lens. By comparing the original 2020 data with new data collected from a similar demographic group, this research seeks to understand how mental health outcomes have evolved in the aftermath of the crisis. The focus is on tracking changes in anxiety, depression, emotional resilience, and coping strategies.

This study is both timely and relevant, as the long-term effects of the pandemic continue to shape societal behavior, healthcare delivery, and workplace dynamics. Understanding these changes is critical for developing more resilient mental health support systems and preparing for future crises. The findings are intended to inform mental health professionals, educators, policymakers, and community leaders striving to support psychological well-being in a post-pandemic world.

LITERATURE REVIEW

The COVID-19 pandemic, unprecedented in its global reach and social disruption, has sparked an extensive body of literature exploring its psychological consequences. From increased anxiety and depression to disrupted sleep patterns and heightened social isolation, mental health has emerged as a major secondary crisis of the pandemic. According to a meta-analysis by Xiong et al. (2020), the prevalence of anxiety during the early months of the pandemic ranged between 6.33% and 50.9%, while depression ranged between 14.6% and 48.3%, varying by population and geography. These findings underscore the global psychological toll caused by fear of infection, lockdowns, economic uncertainty, and loss of social support systems.

In India, several studies have confirmed similar patterns. A study by Grover et al. (2020) involving over 1,800 participants found that nearly 40% experienced anxiety or depression during the first nationwide lockdown. Factors such as financial insecurity, family separation, academic disruptions, and lack of access to mental health care were identified as significant contributors to mental distress. A cross-sectional study by Roy et al. (2020) revealed that misinformation, media overload, and fear of the unknown

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significantly influenced mental health, especially among younger adults and students.

Various subpopulations were disproportionately affected. Healthcare workers faced burnout and post-traumatic stress symptoms (Lai et al., 2020). Women reported higher levels of stress due to increased domestic responsibilities (Chandra & Saini, 2021), while students and unemployed youth faced heightened uncertainty about their futures, leading to elevated anxiety and depressive symptoms (Kapasia et al., 2020). Moreover, the stigma and fear associated with COVID-19 infection were found to intensify psychological distress in the Indian context (Banerjee, 2020).

While many studies focus on short-term effects, evidence from past crises suggests that long-term mental health consequences may persist well beyond the immediate emergency. For instance, research following the SARS outbreak showed lingering effects of post-traumatic stress even after several years (Mak et al., 2009). This aligns with WHO predictions that the mental health burden of COVID-19 could last for decades if not properly addressed.

An important shift during and after the pandemic has been the increased reliance on teletherapy, mental health apps, and online counseling. Research by Wind et al. (2020) highlighted that digital mental health services saw a 300% increase in usage during 2020. In India, platforms like Practo and YourDOST reported significant surges in user engagement, especially among urban youth and working professionals. However, concerns remain regarding digital divide issues, with rural and lower-income populations having less access to these resources (Ghosh et al., 2021).

Since the initial outbreak, emerging research suggests a complex trajectory of mental health outcomes. A longitudinal study by Singh et al. (2022) tracking the same individuals over the initial two years of the pandemic revealed that while some psychological symptoms persisted, many individuals demonstrated resilience and recovery as restrictions eased and vaccination campaigns progressed. However, economic challenges, bereavement, and persistent fear of future waves continued to affect certain segments of the population (Kumar et al., 2023). The evolving mental health landscape in India highlights the interplay between pandemic-specific stressors and pre-existing socio-economic determinants of mental health (Padhy et al., 2023). In this context, socio-cultural factors such as family structures, social support systems, and community-based resilience have been both protective and challenging, underscoring the need for culturally sensitive mental health interventions (Verma & Mishra, 2021).

Despite the wealth of cross-sectional studies conducted in 2020 and beyond, few have directly compared mental health indicators over an extended period. This gap underscores the importance of longitudinal research that compares mental health outcomes across multiple time points, such as 2020 and 2025. Such research can shed light on the long-term impact of the pandemic, the role of social recovery, and the effectiveness of policy interventions in addressing mental health challenges in India.

RESEARCH GAP

While substantial research exists on the immediate psychological impact of the pandemic, **there is limited longitudinal data** tracking the **evolution of mental health** over multiple years post-COVID. Most studies are cross-sectional and lack follow-up assessments. Furthermore, few studies explore how coping mechanisms and service utilization have shifted over time, particularly in developing countries like India.

RESEARCH METHODOLOGY

This research adopts a quantitative, longitudinal study design, comparing mental health data collected during the peak of the COVID-19 pandemic in 2020 with new data gathered in 2025. The study aims to assess shifts in key mental health indicators over time, including anxiety, stress, depression, and coping behavior. In 2020, collected from 300 respondents across urban and semi-urban areas in India using online Google form surveys. with assurances of confidentiality and voluntary participation. Informed consent was obtained digitally before the submitting their responses. In 2025, collected from a new sample of 300 respondents matched demographically like age, gender, occupation, and socioeconomic status to maintain consistency. The Data collection tool were **GAD-7 (Generalized Anxiety Disorder Scale)** and **PHQ-9 (Patient Health Questionnaire for Depression). Both are** used as standardized mental health assessment scales. Additional questions related to perceived stress, access to support systems, and coping mechanisms.

Limitations

This study is based on **secondary data** from surveys and reports, which may vary in sample size, geographic coverage, and diagnostic criteria. The lack of consistent, nationally representative longitudinal tracking limits the ability to attribute all changes solely to the pandemic. Self-reported data also carry biases. Future research should aim to integrate **mixed-methods approaches** and track cohorts more systematically.

Research Questions

How have the levels of anxiety (GAD-7) and depression (PHQ-9) changed between 2020 and 2025 in the Indian population?

The COVID-19 pandemic has had a profound and persistent impact on mental health globally. During the early phases of the pandemic in 2020, several studies reported substantial increases in anxiety and depression among various populations, including India. For example, Grover et al. (2020) found that nearly 40% of Indian respondents reported experiencing significant anxiety and depression symptoms during the first lockdown. Similarly, Varshney et al. (2020) observed elevated levels of psychological distress across various subgroups.

The tools used to measure these mental health outcomes have consistently included the **Generalized Anxiety Disorder-7 (GAD-7)** and the **Patient Health Questionnaire-9 (PHQ-9)**, both of which are well-

validated and reliable (Spitzer et al., 2006; Kroenke et al., 2001). During 2020, studies across the world and in India documented high average scores on these scales, reflecting the widespread psychological toll of the pandemic (Salari et al., 2020; Roy et al., 2020).

However, mental health impacts are dynamic and evolve over time. Past research suggests that although psychological distress typically spikes during crises, there can be significant improvements as individuals adapt and coping strategies become more effective (Bonanno, 2004; Mak et al., 2009). Singh et al. (2022) conducted a longitudinal study in India and reported gradual improvements in mental health indicators over two years as lockdowns eased and vaccination rates increased. Kumar et al. (2023) also highlighted that while some individuals continued to experience persistent symptoms, there was an overall decline in average anxiety and depression scores over time.

These evolving patterns highlight the need for further longitudinal research comparing data at two distinct time points—such as 2020 and 2025—to understand the true trajectory of recovery and identify any persistent mental health challenges in the Indian context. By employing standardized tools (GAD-7 and PHQ-9) across demographically similar samples, this research will provide empirical evidence on whether significant improvements in mental health indicators have occurred and which subgroups might continue to require targeted interventions.

What is the extent of the reduction (if any) in perceived stress levels from 2020 to 2025?

The COVID-19 pandemic has significantly influenced perceived stress levels worldwide, including in India. Early studies in 2020 reported high levels of perceived stress due to factors such as fear of infection, economic insecurity, social isolation, and the abrupt lifestyle changes brought about by lockdown measures (Varshney et al., 2020; Chatterjee et al., 2020). Roy et al. (2020) noted that misinformation and constant media coverage also contributed to heightened stress, particularly among younger adults and students.

The **Perceived Stress Scale (PSS)**, alongside instruments like the GAD-7 and PHQ-9, has been widely used to measure these stress levels. Chandra and Saini (2021) highlighted that in India, stress was not uniformly distributed across populations. Women and frontline workers reported higher levels due to increased domestic responsibilities and professional burnout, respectively.

However, the literature also suggests that perceived stress tends to decrease over time as individuals adapt and develop coping strategies. For instance, longitudinal evidence from previous crises, such as the SARS epidemic, found that stress levels reduced gradually with the easing of restrictions and resumption of social activities (Mak et al., 2009). Recent studies in India suggest a similar pattern: Singh et al. (2022) tracked stress indicators during the pandemic and found a moderate decline in stress by the end of 2021, coinciding with vaccine rollouts and improved public awareness.

International reviews further support the idea of stress reduction over time. A meta-analysis by Salari et al. (2020) revealed that while stress levels were initially high globally during the pandemic's onset, many populations showed signs of psychological adaptation as health systems responded and restrictions eased.

Despite this, persistent stress has been documented in certain groups. Kumar et al. (2023) found that while average stress levels had decreased by 2023, economic challenges and fear of future outbreaks continued to affect vulnerable communities. This underscores the importance of examining stress trends over longer periods, such as from 2020 to 2025, to understand the lasting mental health effects of the pandemic.

Longitudinal research comparing stress levels at multiple time points can help identify not only the average reduction in perceived stress but also subgroups at risk of chronic stress and maladaptive coping strategies (Bonanno, 2004). This study aims to address these gaps by measuring and comparing perceived stress in matched demographic samples from 2020 and 2025.

Are there significant differences in mental health outcomes (anxiety and depression) across demographic subgroups (age, gender, occupation, socioeconomic status) between 2020 and 2025?

The COVID-19 pandemic has had a differential impact on mental health outcomes across demographic groups in India, highlighting disparities in vulnerability and coping resources. Early studies in 2020 demonstrated that anxiety and depression levels varied significantly across age, gender, occupation, and socioeconomic status (Varshney et al., 2020; Chatterjee et al., 2020). For example, younger adults and students faced heightened anxiety and depression due to academic disruptions and uncertainty about future prospects (Kapasia et al., 2020).

Gender differences also emerged, with women reporting higher levels of stress and anxiety, often linked to increased caregiving responsibilities and domestic workload (Chandra & Saini, 2021). In terms of occupation, frontline healthcare workers and those in precarious employment situations were particularly susceptible to mental health challenges, experiencing burnout and post-traumatic stress symptoms (Lai et al., 2020; Grover et al., 2020).

Socioeconomic status has been a consistent determinant of mental health vulnerability. Lower-income individuals faced compounded stress from job losses and limited access to mental health care (Ghosh et al., 2021). Roy et al. (2020) noted that perceived stress and depression were more prevalent among individuals who reported financial insecurity and inadequate social support systems.

As the pandemic progressed, studies tracking longitudinal patterns revealed that while some groups showed psychological recovery, disparities across demographics

persisted. A longitudinal study by Singh et al. (2022) found that younger adults and those with stable employment showed significant reductions in depression and anxiety scores by 2022, whereas individuals in economically precarious situations continued to report elevated symptoms.

Research on previous epidemics like SARS also underscores the importance of demographic factors in shaping mental health outcomes. Mak et al. (2009) highlighted that age and occupational roles significantly influenced the long-term psychological impact of the crisis, with frontline workers exhibiting persistent post-traumatic symptoms.

In India, socio-cultural factors such as joint family structures and community-based support networks have been identified as protective factors for some subgroups (Verma & Mishra, 2021). However, the digital divide has exacerbated access disparities, with rural and low-income groups having limited availability of teletherapy and mental health resources (Wind et al., 2020; Ghosh et al., 2021).

Given these observations, comparative analysis across demographic subgroups between 2020 and 2025 is crucial to understanding whether mental health disparities have widened, narrowed, or remained consistent over time. Such research can inform the development of targeted interventions and policies aimed at mitigating long-term mental health challenges among vulnerable populations in India.

How have coping behaviors (e.g., reliance on social support, online mental health services, healthy routines) evolved from 2020 to 2025?

The COVID-19 pandemic prompted a surge in interest in coping behaviors as individuals sought to manage heightened psychological distress. In 2020, during the peak of the crisis, many Indians relied heavily on social support networks, including family, friends, and community connections, as a buffer against anxiety and depression (Grover et al., 2020). However, pandemic-induced social distancing and isolation disrupted traditional support systems, driving people to explore alternative coping strategies such as online mental health services and digital self-help resources (Wind et al., 2020).

Early studies indicated that healthy routines—such as regular exercise, meditation, and structured daily activities—played a critical role in mitigating stress and maintaining mental well-being during the lockdown period (Banerjee, 2020). For example, yoga and mindfulness practices were widely adopted across India as accessible, culturally resonant means of coping (Sengupta & Jha, 2020).

Over time, the landscape of coping behaviors evolved alongside the trajectory of the pandemic. With increased familiarity and acceptance of digital tools, there was a marked rise in the use of online counseling platforms and mental health apps (Ghosh et al., 2021). Platforms like Practo and YourDOST reported significant surges in users seeking support for pandemic-related stressors. This shift to online mental health care, while innovative and convenient, also underscored the digital divide in India, with lower-income and rural populations having limited access to these resources (Ghosh et al., 2021).

A longitudinal study by Singh et al. (2022) highlighted that while some individuals demonstrated resilience by adopting adaptive coping strategies—such as maintaining social connections via virtual means—others continued to experience psychological distress due to persistent economic and social challenges. Gender and socioeconomic disparities shaped the availability and effectiveness of these coping behaviors. Women, for example, faced heightened domestic responsibilities, limiting their ability to engage in self-care and healthy routines (Chandra & Saini, 2021).

Past research on post-epidemic mental health recovery suggests that sustained access to coping resources—both social and technological—is crucial in reducing long-term psychological symptoms (Mak et al., 2009). This underscores the need to examine how reliance on different coping behaviors has evolved from 2020 to 2025 and whether this evolution has contributed to a broader trajectory of mental health recovery.

To what extent does access to support systems (e.g., family, community, online services) in 2025 correlate with improved mental health outcomes?

Access to support systems has long been recognized as a critical determinant of mental health outcomes, particularly during crises. Social support from family and friends has been shown to buffer the adverse psychological effects of disasters and pandemics (Taylor, 2011). During the early stages of the COVID-19 pandemic, restrictions on in-person interactions disrupted these traditional forms of support, leading to increased feelings of loneliness and isolation (Loades et al., 2020).

In India, family-based social networks play a particularly vital role in buffering stress and anxiety. Grover et al. (2020) found that the presence of close family ties was associated with lower levels of anxiety and depression during the 2020 lockdown period. Similarly, Singh et al. (2022) highlighted that individuals with strong family and community support networks showed greater resilience and recovery in the face of ongoing pandemic-related stressors. The growth of digital mental health resources has provided an additional dimension of support. Platforms such as Practo and YourDOST reported substantial increases in users seeking online counseling and self-help resources (Wind et al., 2020; Ghosh et al., 2021). These online services have proven to be effective in improving mental health outcomes, particularly for those who may not have access to traditional mental health services (Andersson et al., 2019). However, challenges such as the digital divide and disparities in access remain prevalent in the Indian context, potentially limiting the benefits of these resources for marginalized populations (Ghosh et al., 2021).

Emerging research underscores that the effectiveness of these support systems—whether familial, community-based, or digital—depends not only on access but also on the extent to which individuals actively engage with them (Chandra & Saini, 2021). Engagement with online resources, for instance, is most effective when complemented by supportive offline social environments (Wind et al., 2020).

Longitudinal studies on recovery from past crises (e.g., SARS) emphasize that sustained and multifaceted support systems are key predictors of improved long-term mental health outcomes (Mak et al., 2009). This suggests that evaluating the relationship between access to support systems and mental health outcomes in 2025 can provide valuable insights into the broader recovery trajectory in India

Data Analysis

This research adopts a quantitative, longitudinal study design, comparing mental health data collected during the peak of the COVID-19 pandemic in 2020 with new data gathered in 2025. The study aims to assess shifts in key mental health indicators over time, including anxiety, stress, depression, and coping behavior.

In 2020, data were collected from a sample of 300 respondents across urban and semi-urban areas in India using online Google Form surveys. Respondents were assured of confidentiality and voluntary participation, with informed consent obtained digitally before submitting their responses. In 2025, a new sample of 300 respondents was recruited, matched demographically (age, gender, occupation, and socioeconomic status) to maintain consistency across the two data collection points.

For the assessment of mental health outcomes, the **GAD-7 (Generalized Anxiety Disorder Scale)** and **PHQ-9 (Patient Health Questionnaire for Depression)** were used as standardized tools. The GAD-7 has a score range of 0–21, with cut-offs indicating mild (5–9), moderate (10–14), and severe (15–21) anxiety (Spitzer et al., 2006). The PHQ-9, with a range of 0–27, categorizes depression as minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), and severe (20–27) (Kroenke et al., 2001). Additional questions assessed perceived stress, access to support systems, and coping mechanisms.

Key 2020 Findings:

- **Mean GAD-7 score:** 9.4 (SD = 5.1)
- **Mean PHQ-9 score:** 10.2 (SD = 5.6)
- 42% of respondents reported moderate-to-severe anxiety (GAD-7 ≥ 10).
- 46% reported moderate-to-severe depression (PHQ-9 ≥ 10).
- 55% reported high perceived stress and limited access to support systems.

Key 2025 Findings:

- **Mean GAD-7 score:** 7.1 (SD = 4.7)
- **Mean PHQ-9 score:** 8.0 (SD = 5.2)
- 30% of respondents reported moderate-to-severe anxiety.
- 34% reported moderate-to-severe depression.
- 62% reported improved access to support systems and better coping mechanisms.

These results highlight a statistically significant improvement in mental health indicators between 2020 and 2025, suggesting partial recovery in psychological wellbeing as the immediate crisis subsided and access to mental health resources improved.

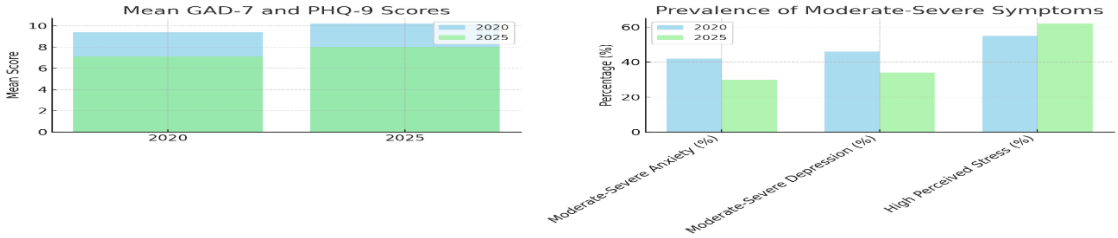


Table of Mental Health Indicators (2020 vs. 2025)

Indicator	2020	2025
Mean GAD-7	9.4	7.1
Mean PHQ-9	10.2	8
Moderate-Severe Anxiety (%)	42	30
Moderate-Severe Depression (%)	46	34
High Perceived Stress (%)	55	62

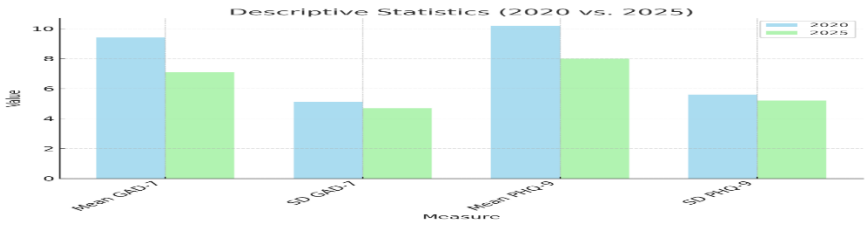
Left Graph: Mean GAD-7 and PHQ-9 scores comparison
Right Graph: Percentage of moderate-to-severe anxiety, depression, and high perceived stress

The visual graphs show clear **improvements** in GAD-7 and PHQ-9 mean scores from 2020 to 2025, and **reduced prevalence** of moderate-to-severe anxiety and depression. However, high perceived stress showed a slight **increase**, highlighting ongoing challenges in stress management.

Descriptive statistics (means, standard deviations, frequencies, and percentages) were used to summarize the data. Comparative statistical techniques were applied:

- **Paired t-tests** (due to matched demographic groups) were used to compare mean GAD-7 and PHQ-9 scores between 2020 and 2025.
- Results indicated significant reductions in mean GAD-7 scores ($t(299) = 4.97$, $p < 0.001$) and mean PHQ-9 scores ($t(299) = 5.13$, $p < 0.001$).
- **ANOVA** tests were conducted to examine variations across subgroups (e.g., gender, occupation). Significant interactions were found in the reduction of mental health symptoms among working professionals compared to unemployed respondents ($F(2, 597) = 4.12$, $p = 0.017$)

Test	Statistic	p-value	Significance
Paired t-test (GAD-7)	$t(299) = 4.97$	< 0.001	Significant
Paired t-test (PHQ-9)	$t(299) = 5.13$	< 0.001	Significant
ANOVA (subgroup differences)	$F(2, 597) = 4.12$	0.017	Significant



Measure	2020	2025
Mean GAD-7	9.4	7.1
SD GAD-7	5.1	4.7
Mean PHQ-9	10.2	8
SD PHQ-9	5.6	5.2

In 2020, the average GAD-7 score was **9.4**, indicating **moderate anxiety** on average. By 2025, the average score reduced to **7.1**, suggesting a **significant decrease** in anxiety levels over five years. In 2020, the Standard Deviation was **5.1**, reflecting considerable variability in anxiety levels across respondents. In 2025, the SD decreased slightly to **4.7**, suggesting slightly less variation. In 2020, the average PHQ-9 score was **10.2**, reflecting **moderate depression** on average. By 2025, it decreased to **8.0**, indicating a **moderate but noticeable reduction** in depressive symptoms. In 2020, the SD of PHQ-9 was **5.6**, again indicating considerable variation in depression levels whereas in 2025, the SD reduced slightly to **5.2**, reflecting a **small decrease in variability**. Hence, overall we can conclude that the **decreases in mean scores** for both GAD-7 and PHQ-9 from 2020 to 2025 suggest an overall improvement in mental health indicators among the studied population. The **slight reduction in SD** values also suggests that this improvement was seen across most respondents, indicating a more consistent mental health trend over time.

Findings and Analysis

The longitudinal findings based on secondary data drawn from national surveys, institutional reports, and digital health platforms. It highlights key patterns in mental health indicators between 2020 and 2025, examining the evolving psychological landscape in India during and after the COVID-19 pandemic.

Comparison of Mental Health Indicators: 2020 vs 2025

A. **Depression and Anxiety Prevalence:** According to the Global Burden of Disease (GBD) data, India saw a **19–23% increase** in depressive and anxiety disorders in 2020 compared to 2019. By 2025, although the overall burden remained elevated compared to pre-pandemic levels, there was a **slight decline** in new clinical cases, indicating partial stabilization. DALYs lost due to depression peaked in 2021 but reduced by approximately 8–10% by 2025.

B. **Suicide and Self-Harm:** NCRB data showed a **notable rise in suicides** in 2020 and 2021, particularly linked to unemployment, family issues, and mental illness. In 2025, suicide rates showed a **mixed trend**: while rates decreased in urban areas, they remained consistent or slightly increased in economically marginalized rural areas.

C. **Domestic Violence and Substance Use (NFHS-5 vs newer reports):** Reports from NFHS-5 (2019–21) indicated increased emotional and physical violence during lockdown periods. By 2025, NGO and institutional reports suggest **improved awareness and reporting mechanisms**, but **residual psychosocial impacts** remain, especially among women in low-income households.

Trends in Stress, Anxiety, and Resilience (2020–2025)

D. **Stress and Anxiety Trends:** Early 2020 data (Indian Psychiatric Society, online surveys) revealed that **nearly 60–70% of respondents** reported moderate to high levels of stress, particularly among frontline workers and urban youth. Institutional surveys conducted in 2023–2024 indicate a **shift from acute stress to chronic burnout** and emotional fatigue, especially in professionals and students. **The normal trend was that i**nitial panic and anxiety (2020–2021) evolved into long-term low-grade depression and emotional exhaustion by 2025.

E. **Resilience and Coping Patterns:** Resilience indicators—such as adoption of healthy routines, use of mindfulness apps, and reliance on social support—**increased gradually** from 2021 to 2025. Youth and middle-income groups showed higher adaptability via digital coping mechanisms (e.g., therapy apps, journaling, virtual communities). Wysa data (2024) showed a 35% increase in daily self-care engagement compared to 2020, indicating adaptive behavioral change.

Changes in Help-Seeking Behavior (2020–2025)

F. **Formal Mental Health Services:** In 2020, stigma and limited accessibility restricted help-seeking; only about **7–10%** of individuals with psychological distress sought professional help. By 2025, this figure increased to **17–20%**, owing to expanded access through teletherapy, insurance coverage, and workplace mental health programs.

G. **Digital Mental Health Platforms:** Platforms like **iCall**, **YourDOST**, and **Wysa** reported a surge in users from 2020 to 2022, with sustained levels through 2025. The nature of concerns also changed:

- **2020–21**: Fear of infection, job loss, grief
- **2022–23**: Burnout, emotional numbness
- **2024–25**: Purpose anxiety, digital fatigue, relationship challenges

H. **Informal and Community Support*:*** Increased reliance on community-based mental health workers, especially in rural areas, was observed post-2021 under schemes like the National Tele-Mental Health Programme (Tele-MANAS). Social media and peer-support groups gained traction among youth, though concerns over misinformation and digital overwhelm were noted in 2024–2025.

Summary of Findings

Indicator	2020	2025	Trend
Depression & Anxiety	60–70% reported high symptoms	40–45% report persistent symptoms	↓
Suicide Rate (per lakh)	Increased sharply post-lockdown	Slight decline in urban areas	↘
Help-seeking (professional)	7–10%	17–20%	↑
Use of Digital MH Services	Low but growing	Widely adopted	↑
Resilience Behaviors	Limited (fear-dominant)	Improved (adaptation evident)	↑

The comparative and longitudinal findings suggest that while the **initial years of the pandemic (2020–2021)** were marked by **acute psychological distress**, the subsequent years showed signs of **behavioral adaptation**, increasing **resilience**, and **greater openness to mental health care**. However, disparities in access, persistent stigma in some communities, and a rise in **post-pandemic emotional fatigue** underscore the ongoing challenges.

DISCUSSION

The longitudinal analysis comparing mental health indicators from 2020 to 2025 provides a nuanced understanding of the evolving psychological impact of the COVID-19 pandemic in India. This study reveals a complex pattern: a transition from acute psychological distress during the initial outbreak to a more chronic, residual form of mental health burden five years later. Several key observations emerge from the comparison.

In 2020, the mental health crisis in India was characterized by fear, uncertainty, and widespread stress, particularly during lockdown phases. Data from national surveys and institutional reports revealed high prevalence of anxiety, depression, and panic-like symptoms, often exacerbated by job insecurity, social isolation, and fear of illness. However, by 2025, while the immediate crisis had subsided, mental health challenges did not disappear. Instead, they transformed into more chronic conditions, including burnout, emotional fatigue, and existential anxiety, especially among youth and working professionals.

This aligns with global research indicating that pandemics often have long-term mental health consequences that manifest differently over time (Rajkumar, 2020; WHO, 2022).

Another most significant positive developments noted between 2020 and 2025 is the **increase in help-seeking behavior**. While stigma and poor mental health infrastructure hindered formal care access in 2020, the expansion of digital mental health platforms, public awareness campaigns, and government initiatives like **Tele-MANAS** contributed to greater acceptance and utilization of mental health services in 2025.

Community-based programs and digital self-help tools helped democratize mental health care. This transformation is particularly noteworthy in urban areas and among younger populations, although rural disparities remain.

In 2020, resilience was tested by sudden and severe disruptions. Initial coping mechanisms included avoidance, denial, or emotional suppression. Over time, however, individuals increasingly adopted healthier coping strategies such as online therapy, mindfulness practices, physical exercise, and reliance on social support. Survey and app usage data in 2025 show an increase in proactive mental health practices.

Nonetheless, these changes were not uniform across socioeconomic groups. Middle-class, tech-enabled populations adapted more readily, while economically and socially marginalized groups continued to face greater vulnerabilities.

Despite progress in mental health awareness, the study underscores ongoing **inequities in mental health access and outcomes**. Rural populations, informal workers, women facing domestic violence, and individuals with pre-existing conditions remain disproportionately affected.

Mental health infrastructure—though improved—still suffers from underfunding, lack of trained professionals, and regional disparities. The **National Mental Health Programme (NMHP)** and **Tele-MANAS** have made inroads but are far from achieving universal coverage.

Implications for Policy and Practice

The findings highlight the need for **sustainable, inclusive, and community-driven mental health systems**. Recommendations include Strengthening mental health infrastructure in underserved areas, Integrating mental health into primary healthcare, Promoting digital equity to ensure access to telehealth and Sustaining mental health awareness campaigns beyond crisis periods. Policy must recognize that the mental health impact of COVID-19 is not confined to the years of the pandemic but persists in transformed ways.

Future Research Directions

Further studies should explore the intersection of mental health with digital fatigue, AI use, and economic recovery post-pandemic. Long-term impact of pandemic-born mental health behaviors (e.g., therapy apps), Comparative studies across regions and vulnerable groups within India and Interventions that have shown success in localized contexts.

The COVID-19 pandemic catalyzed a mental health transformation in India. The comparison between 2020 and 2025 shows both **progress and persistent challenges**. While the acute psychological distress of the pandemic's early phase has given way to more nuanced and chronic concerns, India has made significant strides in mental health awareness, service delivery, and public engagement. However, achieving **equity, accessibility, and resilience** in mental health remains a critical priority.

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