PSYCHOSOCIAL EFFECTS OF THE LOCKDOWN ON CRICKET PLAYERS IN INDIA – A QUALITATIVE WEB-BASED SURVEY.

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ABSTRACT:

Objectives. Pandemic situations have been known to cause a variety of psychological effects, especially in situations involving prolonged periods of indoor isolation. Despite physical activity being a proven method of dealing with psychological issues, Mental Performance specialists working with Olympic athletes have reported multiple cases of confusion and anxiety since the start of the lockdown. This study aims to understand the psychosocial effects of the lockdown and the efforts taken by Indian cricket players to cope with those effects through an online survey **Methods**. This is a qualitative study conducted using a web-based survey. It included 75 participants who fulfilled the eligibility criteria out of 83 that consented and answered the survey. The participants were asked to answer a survey comprising of the Public Health Questionnaire – 9 (PHQ-9) and the Generalized Anxiety Disorder - 7 (GAD-7) questionnaires in addition to 4 open ended questions. The data obtained was analysed using the Deductive Grounded theory. **Results**. There was an overall negative outlook on the lockdown amongst the players. The Mean total score combing the PHQ -9 and the GAD – 7 was 11.89 (SD – 7.46) showing a prevalent mild to moderate depression. Some of the key terms that were constantly found in the responses included "sleeplessness, a sense of feeling unfit, loneliness, depression, anxiety, frustration" and more. **Conclusion**. There are considerable mental detriments to athletes because of isolation in the lockdown which need to be addressed.

[Summary box at the end of manuscript.]

Keywords: COVID-19, lockdown, isolation, mental health, athletes

1 INTRODUCTION:

The COVID-19 spread started rapidly from China and began plaguing the world early this year. It was identified as a public health emergency by the World Health Organisation (WHO) on January 30, 2020. Soon after this, many countries started implementing protective measures. It was declared a pandemic on March 11, 2020 following which rapid lockdown measures were put into place in attempts of preventing spread. India started its lockdown on March 24, 2020 and has continued to stay indoors since.[1]

It has been reported that in addition to physically detrimental effects, pandemic situations can cause a variety of psychological effects, especially in situations involving prolonged periods of indoor isolation.[2] Psychological symptoms such as stress, anxiety, depression and more are among the leading health issues in isolation.[3] Physical activity has time and again been proven as an effective management of psychological disorders with team sports being the more effective. Team sports, rather than individual sports, increase social interaction and enhance the feeling of acceptance and belonging, thereby significantly reducing depression and anxiety. [4, 5]

With the onset of lockdown measures globally, athletes have been forced to isolate and stay away from their sport. These measures, while absolutely essential given the climate, most probably would have psychologically affected the players in multiple ways. Mental performance specialists working with Olympic athletes have reported increasing confusion and anxiety among athletes going into isolation. This was especially higher at the start of the lockdown period when several countries had still not implemented such measures. Athletes noticing their counterparts in other countries freely practicing only made things harder. [6]

While there are merely a handful studies exploring the effects of isolation on mental health, there are even fewer analysing the effects of the current or past pandemics on athletes. This study will attempt to understand the psychosocial effects and the efforts taken by Indian cricket players to cope with those effects through an online survey.

2 AIM:

The aim of this study is to understand the psychosocial effects of the lockdown on cricket players.

3 MATERIALS AND METHODS:

3.1 Study design:

The research method for this study is qualitative as the topic is exploratory. A web-based survey was created using a data secure platform. The questions were concise and open ended to encourage sharing of views in maximum detail. The survey also included an adaptation of the Public Health Questionnaire – 9 (PHQ-9) and the Generalized Anxiety Disorder - 7 (GAD-7) questionnaire to efficiently assess the players' current mental status in addition to analysing their self-reported outcomes. Both questionnaires have been previously validated and standardized. [7,8] A focus group method was deliberately avoided to prevent any potential bias in the responses. The survey ensured maintenance of participant anonymity and obtained an informed consent. The survey lasted between 5-7 minutes per participant and the short duration and limited questions ensured effective participation.

Ethical approval for this study was applied to and granted by the "Medstar Specialty Hospital Ethics Committee" on the 25th of August 2020. Patients or the public were not involved in the design, conduct, or reporting of our research.

3.2 Participants and sampling:

South Indian domestic cricketers were approached directly through email and messaging platforms to participate in this study. A total of 83 participants consented and answered the survey. Only those players who were between the ages of 12 and 36 actively playing for collegiate, professional, or elite levels were included in the study. Players above the age of 36 were eliminated primarily because it was found that they were not involved actively in professional cricket anymore. Eliminating for missing data and inclusion criteria, 75 participants were included in the study. Their data was collected through an online survey maintaining complete anonymity and saved on to a spreadsheet software (Microsoft Excel for Microsoft 365 MSO).

3.3 Data analysis:

The qualitative data obtained from this survey was analysed using the Deductive Grounded theory,[5] by the principal investigator to interpret, analyse and report patterns in the data collected. The data analysis followed the thematic analysis steps as outlined by Braun and Clarke. [6]

Data familiarization: The researcher read the data obtained several times to familiarize themselves with its contents.

Generating initial codes: The ideas and opinion were manually mapped and combined to generate initial codes.

Searching for themes: The codes were collated and analysed into potential themes.

Reviewing themes: The data was read through few more times to refine the themes and define the final themes to be presented in the report.

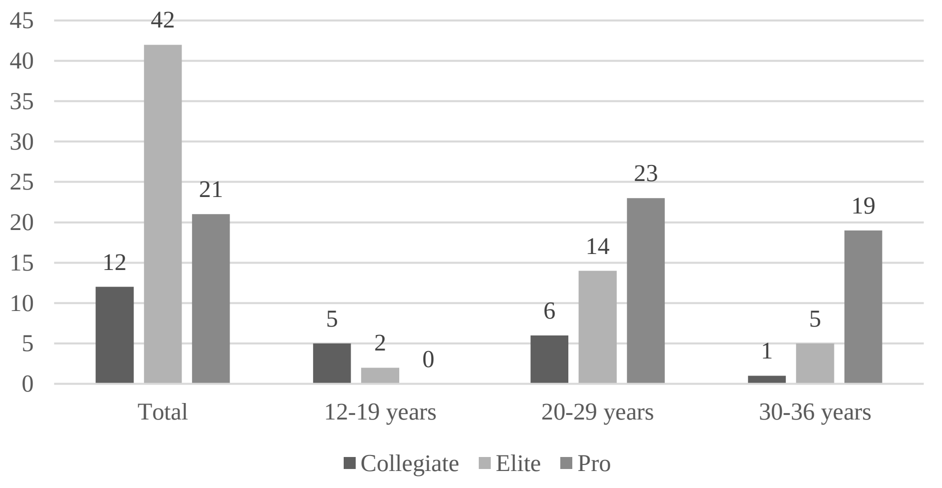
4 RESULTS:

4.1 Demographic characteristics:

The questionnaire was sent via messaging platforms to each player individually and their responses recorded anonymously. Details of their age and level of playing were collected to understand their impact in relation to their ideal normal day to day sporting lives.

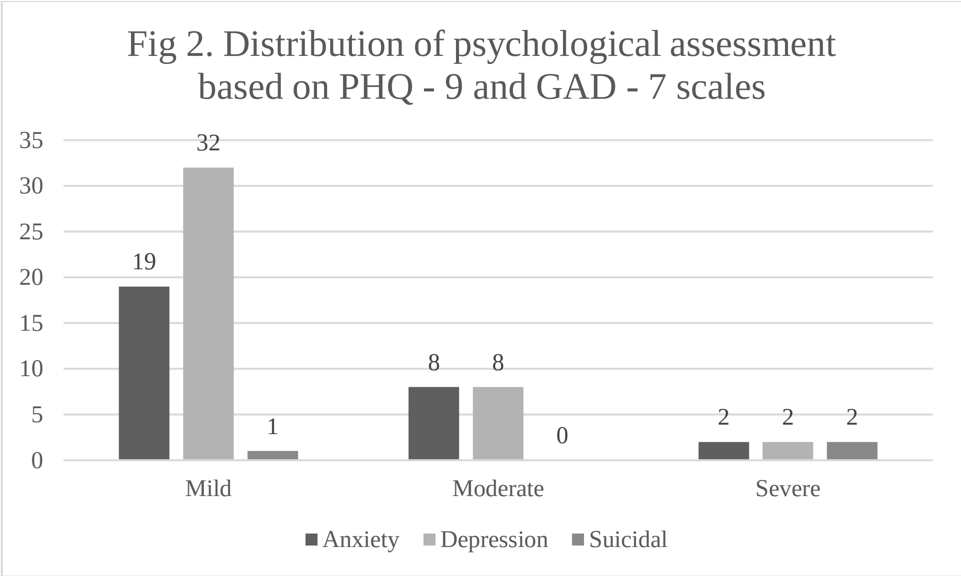
The participants ranged from 13 years of age to 36 years of age with playing levels of collegiate, professional, and elite [Figure 1]. The participants categorized themselves with no guidelines but for the purposes of this research the levels were determined based on the levels of playing. Collegiate players included players in the 2nd division of domestic cricket and college team players. Elite players included 1st division and state team players, whereas Professional denoted players who have either represented the country or played in the Indian Premier League (IPL). Majority of the players (n-42, 56%) were of the Elite level.

Fig 1. Player distribution by age and level



4.2 Mental health assessment:

The survey included questions from the PHQ – 9 and GAD – 7 standardised questionnaires as a means of understanding the players' current mental state. The responses were scored from 0 – 3 and a total score was obtained for each questionnaire independently and a global score as well. This helped to understand their overall mental state as well as any anxiety or depressive impacts. A combined total score of above 10 (5 each) was considered mild mental disturbance, above 20 (10 each) was considered moderate and above 30 (15 each) was considered severe.



	GAD – 7	PHQ – 9	TOTAL SCORE
Mean	4.33	7.56	11.89
Standard Deviation	4.08	4.32	7.46

Table 1. Means and standard deviations of mental health scores

A significant number of players were found to be experiencing mild depression (n – 32, 43%), followed by mild anxiety (n – 19, 25%). But the most concerning factor was the number of athletes who had reported having thoughts of death and/or self-harm on nearly a day-to-day basis. This data has been graphically depicted in Figure 2 and Table 1 above.

4.3 Fitness challenges faced:

Nearly every player who participated in this study reported fitness and training related challenges. The challenges ranged from a lack of training space and inability to do ground running to sleep disturbances and a lack of motivation. The highest reported challenge was the lack of a gym environment and/or equipment. Excepting a few, nearly all athletes did not have a home gym set-up or access to equipment required to maintain their usual fitness levels. This caused them to feel a lacking in their overall fitness.

The second most reported challenge was an inability to train themselves in ground running due to the lockdown. While few athletes did have home gyms and treadmills, they remarked that these alternatives paled in comparison to actual ground training. Most others did not have any such alternatives and were also at a space constraint to even attempt shuttle runs and the likes. They further mentioned laziness and increased procrastination taking seat in their minds. There was also mention of altered sleep cycles that was affecting their overall fitness and routines.

Yet another factor that took importance was the absence of a sporting atmosphere. Nearly all the athletes felt they were lacking the extra motivation that being with their team members, training and practicing together brings. Some even went forth to mention that they are developing varying degrees of self-doubt with increasing durations of staying isolated.

4.4 Mental health challenges:

In addition to the fitness and training related challenges faced, several players were affected mentally as well. This could be seen from both their PHQ – 9 and GAD – 7 scores as well as their responses to the questionnaire. Majority of the players said that they missed the game above all, with some finding it stressful that they were unable to go out anywhere. They said they missed meeting people, especially their teammates and felt lonely at times despite being surrounded by their family.

The words commonly used to describe their mental state included stressed, feeling low or down, anxious, frustration, monotony, and loneliness. There was a nearly uniform spread of these emotions among all the replies with some even reporting mood swings and boredom. A few mentioned having difficulty with their sleep-wake cycles and finding themselves overthinking things and adding to their existing state of anxiety.

It was interesting, however, to note that the players tend to spend more time describing their fitness related challenges than their mental health challenges. This raises the question of whether sufficient awareness on mental health and its importance is available among the players.

4.5 Measures used to deal with above challenges:

Every player dealt with the above fitness and mental health challenges in their own ways and it was noted that their focus on dealing with fitness challenges remained higher than dealing with their mental health. More than half of the players said that they tried to stick to a routine and stay active by doing drills and whatever amount of fitness they could do with the facilities at hand. These included but were not limited to cardio work on their streets, bodyweight training, home gyms, and yoga. One player even mentioned shadow practice. Some of them used this time to reach out to senior players and work on their game related or fitness related drawbacks.

Among those who mentioned methods to deal with their mental health, meditation and yoga were on the forefront while working on positive visualisation and breathing exercises (Pranayama). Quite a few looked at the lockdown as an opportunity to take some time off and spend quality time with family. A few even worked on self-development by introspecting, reading books, taking online courses to develop new skills, and developing new hobbies such as cooking, baking, and gardening.

4.6 Overall outlook on Lockdown:

The overall outlook on the lockdown was predominantly one of acceptance of the reality rather than a welcome effort. Most players looked at it as a “good break” giving them an opportunity for introspection, mental and physical self-improvement, and quality time with family. Some players felt that they have started appreciating the smaller things in life over this period of isolation. One player in particular said that “while I have accepted the situation and understood the premise, I still wish that there were some arrangements made for sportspersons along the lines of offices being permitted to run with 33% staffing”.

Equally, a lot of players approached the lockdown as a tough situation where they felt that their fitness levels were falling, and they were wasting precious off-season time which could be used to practice for the next domestic season. They were concerned about the challenges they would face when they return to play but were still eager to return at the earliest given opportunity.

5 DISCUSSION:

The mental state of the domestic cricket players in India during the lockdown period of the COVID pandemic was assessed in addition to qualitative questions regarding their physical and mental states to gain an understanding of the effects of the lockdown on athletes in India. The responses of the participants showed a universally negative outlook on the lockdown in terms of both mental and physical fitness. Further, the mental states of the players, as assessed by the GAD – 7 and PHQ – 9 questionnaires showed a significant number of players having mild anxiety and depression with a small number showing severe signs inclusive of thoughts of self-harm / suicide.

Several studies have been conducted during this pandemic to analyse the mental state of athletes and non-athletes alike. [9,10] However, the responses in this study to the mental health scales showed 2 pro players reporting self-harm / suicidal thoughts as opposed to 1 collegiate. This finding is contradictory to previous research that shows pro/elite players to being more mentally stable than novices. [9, 10] However, this response must be considered while keeping in mind the relatively smaller sample size of collegiate players than professionals.

Other responses with regard to physical and mental state such as poor nutrition, poor sleep, inability to train or move freely, a sense of longing for a regular sporting calendar, and other detraining effects such as loss of muscle mass and increased fat mass, a sense of feeling unfit, loneliness, depression, anxiety, frustration and several more were reported. These findings were in line with multiple scientific works of the past analysing the effects of social isolation in athletes. [11-13]

With particular emphasis on detraining, it has been proven in the past that long periods of cessation of sport specific activity (usually 4 weeks or longer) can cause significant decline in strength performance and sport-specific power. Also, maximal oxygen uptake can be reduced anywhere between 4% to 20% depending on the duration of detraining. [14]. These effects could severely affect the players performance when they return to sport and in turn causing further impact on their mental health.

On the whole, this study has shown in decent clarity that there are considerable mental detriments to athletes as a result of the lockdown much like other preceding studies. It has also opened avenues for analysing and if found appropriate, implementing the necessary facilities for mental health aides for players in India especially in the post-lockdown climate.

6 STRENGTHS AND LIMITATIONS:

The strength of this study lies in the small but varied sample size which allows for a more detailed analysis of the responses based on sporting levels as opposed to large sample sizes that might dilute the outcomes.

The limitation of this study, however, lies in the time it was implemented. The responses for this study were collected almost towards the end of the lockdown period and merely a month before the beginning of a major tournament. This could have caused changes in some of the Elite and Professional players' mindsets when compared to earlier in the isolation time.

7 PROSPECT FOR FUTURE RESEARCH:

This study has established the existence of mental health detriments in athletes due to the lockdown. It remains to be seen if these detriments have any long-term effects on the players' lives and/ or performance. A longitudinal study following affected players across several years may be warranted for this purpose.

8 SUMMARY BOX:

What are the new findings?

- Isolation as a result of the Lockdown during the COVID – 19 pandemic caused considerable mental health and fitness related detriments among cricket players in India.

How might it impact on clinical practice in future?

- While these impacts have been proven time and again globally, this new knowledge of the impact in the Indian social construct should influence more importance being given to mental health in Indian sports.

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