

Effect of COVID 19 on Mental Health of Students

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Abstract:

The COVID-19 pandemic has posed a serious threat to global mental health. Multiple lines of evidence suggest that there is a varying yet considerable increase in mental health issues among the general population and vulnerable groups. The aftermath is obscure and speculative from a social, economic, individual and public mental health perspective. Recently published studies support the existence of an emotional epidemic curve, describing a high probability of an increase in the burden of mental health issues in the post pandemic era. Furthermore, previous major public health emergencies showed that more than half of the population developed mental health problems and required mental health intervention. There is, therefore, an urgent need to reorganize existing mental health services to address the current unmet needs for mental health and to prepare for future challenges in the post pandemic era in terms of prevention and management.

Keywords: Anxiety, fear, worry, depression, difficulty sleeping, and loss of appetite, Quarantine, Isolation, boredom, loneliness, sadness, aggression.

Introduction:

COVID-19, a communicable disease, has instilled fears in the minds of the community because of severe morbidity, mortality and efficacy of high transmission. Therefore, anxiety to self-infection and passing the infection to friends, families and co-workers emerges as an emergency. The constant fears of getting the infection also lead to the development of mental stress. Children with an already existing mental health condition may feel even more distressed, and there can be an increase in their problems. All of us, children included, are trying to make sense of the overwhelming uncertainty in front of us due to the global pandemic caused by the Coronavirus (COVID-19). Children are confined to the home and in some situations may be separated from the parent (s) because they are quarantined, or their parent (s) are quarantined. Children may experience a range of psychological issues such as anxiety, fear, worry, depression, difficulty sleeping, and loss of appetite. Quarantine and isolation may also lead to acute stress disorder, PTSD and grief in many children. Children with various physical and mental disabilities – and especially mental health disorders – are more vulnerable during this trying time. The kind of therapeutic inputs that children with various disabilities may have been receiving may not be readily available now – various therapies, special schooling, psychotropic medication, etc.

When news of an epidemic began to spread in a Chinese city in early 2020, no one anticipated the scope of the epidemic for the entire world in a very short period. From Wuhan (China) to New York (USA) through Africa, South America, Asia, and Europe, the new coronavirus, coronavirus disease 2019 (COVID-19) or severe acute respiratory syndrome coronavirus 2 (SARSCoV-2), has paralyzed, to a greater or lesser extent, the life in many countries, causing thousands of deaths and about 6 million infections. For these reasons, the scientific community is on the alert by conducting studies on the virus, the disease it produces, the situation it creates, and the population it attacks, from different perspectives, including systematic reviews of the literature, such as the one presented in this paper.(1).

However, researchers on this topic are not only biologists or physicians. It is worth noting the contribution of Maestre Maestre (2020), President of the Society for Latin Studies, in an article on the virus that has caused the pandemic, in which, playing with different related terms, he explains that the neutral noun “virus” means “poison” in Latin, so most current research is trying to find a medicine that will kill the virus. Likewise, the Greek term *arūakon* (in Latin *pharmacum*) also means poison. The relationship between the two terms is that pharmacies are looking for poisons that will kill the “poisons” that undermine people’s health or their desire to be safe. Remember the symbol of the pharmacies, the “Bowl of Hygieia” with the snake that pours a “poison” into it that stops being a poison to become an antidote. The name “coronavirus” is given to it because, through the microscope, the “virus-poison” is shaped like a “crown” that makes it king of poisons.(1).

Material and Methods:

To carry out this systematic review, the PRISMA statement has been followed to achieve an adequate and organized structure of the manuscript. The bibliography has been searched in the Web of Science (WOS), Scopus, and Dialnet databases, using as keywords: “COVID-19” and “Children.” The criteria that were established for the selection of the articles were (1) articles focusing on an age of up to 12 years, (2) papers relating COVID-19 to children, and (3) studies analyzing the psychological and motor characteristics of children during confinement.

Result and Discussion:

How can we help children cope in this difficult situation?

1. Children are constantly exposed to information related to the pandemic in newspapers, TV news channels and social media. They may understandably have realistic and some exaggerated fears. They must be provided unambiguous and clear information regarding the pandemic in an age appropriate language.

2. Answer your children's queries but figure out a way of striking a balance. Too much information can cause panic and severe anxiety. Take your cues from the child.

Adolescents mental health issues discussed for children apply to most adolescents, hence many of the suggestions described above remain applicable to adolescents. But there are some age-specific issues, which need to taken into consideration by medical professionals and other frontline personnel while assessing adolescents.

Adolescents are likely to have preoccupation with themselves, a sense of insecurity, mostly identify with their peer group and are often prone to risk-taking behaviours. Some adolescents may have feelings of being invincible and may take risks by not maintaining personal hygiene and social distancing. Others may be withdrawn, afraid of leaving home and worried about their health as well as that of their family members. They may also lose regular contact with friends because schools, colleges, and universities are closed. This may lead to feelings of boredom, loneliness, sadness, aggression, and irritability towards siblings and other family members. Few may start using Tobacco, Cannabis, Alcohol, etc. to handle their boredom, loneliness and emotional changes. The uncertainty about examinations and its impact on their career choices can exacerbate the stress due to the prevailing COVID-19 Pandemic.(18)

How can Parents help their adolescent children

1. Parents should keenly observe for any emotional or behavioral changes in their adolescent kids. Sometimes these changes can be subtle.

2. Parents can play a vital role in ensuring that their adolescents maintain their mental health by listening to them, acknowledging their difficulties, clarifying their doubts, reassuring them, generating hope and providing emotional support in resolving issues

3. Excessive use of mobile and other devices can result in behavioural addiction. Parents have to negotiate with adolescents to ensure the limited use of gadgets and to discuss the inclusion of healthy non-gadget activities as a part of the daily routine.

4. Urgent professional help has to be sought if the behavioural and/or emotional changes last for more than two weeks if the changes are severe if there is a significant loss of sleep or appetite, if there is physical aggression towards others if the adolescent expresses death wishes or suicidal ideas or hopelessness or attempts self-harm and in case of any use of alcohol or other substances.

Effect of COVID-19's on Student Well-being and Mental Health

More than a year of “staggering” loss, grief, isolation, and uncertainty has taken a toll on many students’ mental health, compounding the challenges students face in the classroom, whether online or in person. Last May, nearly three in ten parents surveyed in a Gallup poll said their child was “experiencing harm to [their] emotional or mental health,” with 45% citing the separation from teachers and classmates as a “major challenge.” Suicidal ideation was also on the rise among children and young adults, as shutdowns and social isolation undermined many students’ mental and emotional well-being. Even those with less severe responses still overwhelmingly reported an increase in negative feelings during and post the pandemic, as did many of their parents. And throughout the 2020-21 school year, educators, parents, and administrators across the country continued to cite social and emotional wellbeing as major challenges facing their students, especially those learning from home.

Steps to improve mental health in children.

- Promoting mental health wellness and reducing distress through adequate sleep, healthy diet and exercise, mindfulness-based programmes (eg. yoga) and awareness about mental health issues.

- Using traditional and social media for mental health awareness campaigns and to encourage individuals to seek help with responsible, transparent and timely media reporting.
- Establishing community support for those at risk and encouraging to stay connected and maintain relationships.
- Establishing primary screening services for common mental health issues such as anxiety, depression and suicidal thoughts.
- Establishing the national suicide prevention helplines or other helplines.
- Integrating basic mental health services into primary care for early identification of COVID-19-related mental health issues.
- Developing self-help resources and promoting healthy coping strategies.
- Ensuring financial support for people through governmental and non-governmental organizations (eg, loans and credit).

COVID-19 is too big a problem for a health professional or a parent to solve on their own. Since children and adolescents are at home with their parents, the following points are for parents. This advice can be dispensed to parents by health care professionals. For parents who are struggling with their daily needs, expecting them to structure their child's schedule may be impractical. Nonetheless, some of these principles may be used, where possible. Social distancing itself may be difficult given people's living situations. Parents' anxieties may have to be addressed. This is a difficult time for all with no easy answers but some of these simple strategies may help.

On January 30, 2020, approximately two weeks after the World Health Organization announced the emergence of a new coronavirus (2019-nCoV) as a public health emergency of international concern (PHEIC), we conducted this cross-sectional study. We used a snowball sampling approach to distribute questionnaires online. The questionnaires were distributed to We Chat circles of friends, when a participant completed the questionnaire, they forwarded it to their own We Chat circle of friends to expand the sample size. The participants of this survey were mainly young people aged 14–35 who could complete the questionnaires without assistance. Approximately 610 questionnaires were completed. After deleting incomplete and random responses, a total of 584 valid questionnaires were analyzed in this study, thus, the valid response rate was 95.7%.

Conclusion:

In summary, this study found that mental health problems remain serious among the most of youth group during public health emergency. This study also indicated that low education level, enterprise employee, PTSD symptom and negative coping styles were the influence factors of youth mental health. These results highlight the need for local governments to take appropriate mental health interventions based on the characteristics of youth groups. The future research should moved beyond the cross-sectional design of the present study to explore the other factors affecting the youth mental health in public health emergency.

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