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IMPACT OF COVID-19 ON MENTAL HEALTH OF YOUTH

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Abstract: Without a doubt, the pandemic's consequences are already wreaking havoc on millions of individuals. Children and youth are especially vulnerable to the greater societal shifts being witnessed as a result of the virus. According to new data by UNESCO, half of the pupils who are out of school due to COVID-19 are unable to access online learning, and approximately 830 million children do not have access to a computer at home. The daily school lunches are also now missing, which for many children was their key source of nutrition. A new ILO study has just emerged indicating that more than one in six young people have stopped working since the onset of the pandemic.

"If their talent and energy is side-lined by a lack of opportunity or skills, it will damage all our futures and make it much more difficult to re-build a better, post-COVID economy," says Guy Ryder, head of the ILO. This "lost generation" will face permanent exclusion from labor markets and as the world recovers from the pandemic, it's a fear that many young people will be left behind.COVID-19 pandemic and lockdown has brought about a sense of fear and anxiety around the globe. This phenomenon has led to short term as well as long term psychosocial and mental health implications for children and adolescents. The quality and magnitude of impact on minors is determined by many vulnerability factors like developmental age, educational status, pre-existing mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection.

Keyword:COVID-19, Lockdown, Mental health, Children, Adolescents.

Introduction:

The coronavirus disease 2019 (COVID-19), is a highly infectious disease often including severe acute respiratory syndrome. Coronavirus 2 (SARS-CoV-2) was first identified in Wuhan, Hubei Province, China in December 2019. In the following months, infection spread across other countries around the world as an emerging global health threat. In March 2020, the World Health Organization (WHO) declared it a pandemic. The clinical features of COVID-19 are varied, ranging from asymptomatic states to acute respiratory distress syndrome and multi-organ dysfunction.







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Human-to-human transmission occurs through common pathways such as direct transmission, contact transmission, and airborne transmission: cough, sneeze, droplet inhalation, and contact with oral, nasal, and eye mucous membranes are the common modes of spread. COVID-19 provoked significant challenges to curb the spread of the infection and maintain global health security. Due to the rapid spread of the coronavirus, many countries implemented a range of anti-epidemic measures, such as keeping physical distance, wearing face masks, quarantine, and lockdown restrictions to contain the transmission and avoid contact with others. The pandemic has had a devastating impact on the global economy and the health of communities across the world. Furthermore, the COVID-19 outbreak has affected not only physical health but also mental health and wellbeing. The COVID-19 pandemic has severely affected the entire general population; even young people have not been spared from the changes of this unprecedented situation. Research on previous epidemic situations, including those of the acute respiratory syndrome (SARS), the 2009 novel influenza A (H1N1), and the 2018 Ebola pandemic, already revealed side effects on mental health. Based on these previous findings, researchers conducted several studies to investigate the consequences of the COVID-19 pandemic on mental health in specific groups or in the general population e.g., health workers, women, children, and young adults.

The present study aimed to review the emerging literature on COVID-19 to investigate the psychological impact of the COVID-19 outbreak, lockdown restriction, and extraordinary measures to curb the spread of coronavirus on mental health outcomes among youth. Overview of Early Psychological Side Effects of COVID-19 for Youth

The psychological impact of the COVID-19 outbreak among young people experiencedanxiety, stress, depression, event-specific distress, and changes in sleep pattern during the COVID-19 outbreak. An analysis of the psychological symptomatology related to the COVID-19 outbreak is proposed below.

Anxiety:

It is observed that there is an increased risk of anxiety during the COVID-19 outbreak and lockdown conditions for the young population. A longitudinal study also reported that individuals' proneness to worry before the COVID-19 outbreak proved an impact on anxiety responses to the quarantine. High worriers at pre-lockdown showed, during lockdown conditions, a significant increase in anxiety and fear in terms of mental health in comparison to low worriers. Young people who were high worriers were more anxious and lower locus of control. Also it is believed that female gender was associated with a higher level of anxiety during the COVID-19 pandemic compared to male. Research also underlines that levels of anxiety were significantly different according to age. Younger individuals experienced more anxiety compared to older ones. Moreover, among the learning conditions, challenges of remote learning, the delay of final examinations, uncertainty related to exam dates, and concern about their academic performance were found to be risk factors for anxiety symptoms. Healthcare and medical students had a lower risk of developing anxiety compared with students in other fields of study. Among living conditions and place of





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residence during the lockdown, young people from urban areas experienced higher levels of anxiety compared to those living in rural areas.

In addition, tensions and conflict with family or occupants of the dwelling, difficulties isolating themselves, noisy environments, and no direct outside access through a garden, a terrace, or a balcony were associated with higher levels of anxiety. Anxiety was also more prevalent among young people who did not perform physical activity compared to young people who practiced physical exercise. Moreover, substance use and increased tobacco consumption as a coping strategy were risk factors for anxiety. Finally, regarding strategies for managing anxiety, it is observed that some students were unable to manage it: they reported practicing spiritual coping, following religious beliefs, and/or crying to vent their emotions. Counseling services seemed useful for helping them.

Depression:

As per the earlier studies conducted it is observed that young people experienced depression symptomatology during the COVID-19 outbreak. Research did not find significant differences between genders except a study underlining that females experienced higher rates of emotional problems and depressive symptoms than males. Moreover, according to age, the youngest experienced a higher level of depression compared to the oldest. Among the learning conditions, most of the young were becoming depressed due to concern about their academic performance and the forced termination of their internships. Regarding the field of study, students who engaged in health-science-related studies had less risk of developing depression compared with students in other fields of studies. Among living conditions and place of residence during the lockdown, young people from urban areas had higher levels of depression compared to those living in rural areas. Furthermore, young people who performed physical activity had a lower risk of developing depression than young people who did not practice physical exercise. In addition, excessive exposure to COVID-19 news in social and mass media showed a significant association with higher scores in the DASS depression subscale.

Stress:

Some studies also investigated psychological distress and revealed that young people experienced stress because of the COVID-19 outbreak and lockdown conditions. Among the aspects influencing the prevalence of stress related to the COVID-19 pandemic, a study found that younger people experienced more stress than older people. Regarding living conditions and place of residence, young people from urban areas and living with their families had higher levels of stress compared to those living in rural areas. Furthermore, young who did not perform physical activity were at a higher risk of developing stress compared with students who did. Furthermore, young people reported COVID-19-related social stressors such as financial uncertainty, fear of infection, inadequate food supply, lack of information on COVID-19, and excessive exposure to COVID-19 news in social and mass media.







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Event-Specific Distress:

Only one study investigated the prevalence of event-specific distress caused by the COVID-19 pandemic. This study observed that 69.31% of respondents had event-specific distress caused by the outbreak from mild to severe, according to IES (Impact of Event Scale). Specifically, fear of infection, perceived social media as a stressor, and inadequate valid information on COVID-19 had a significant association with higher scores on the IES scale. Furthermore, among the sociodemographic characteristics, results indicated that older students scored higher on IES.

Psychological Wellbeing:

Regarding, general psychological wellbeing, one study underlined that 55% of the respondents reported decreased psychological wellbeing because of the lockdown. Digital skills, as well as technological advances, seemed to be a positive factor dealing with the social restrictive measures in the pandemic. Among students, online chatting with friends, watching films, and focusing on online capacity developments were identified as protective coping strategies against the deterioration of mental health during the lockdown. Meanwhile, craving for substances as a coping strategy and lack of satisfaction with the online mode of teaching were significant predictors of decreased psychological wellbeing among the respondents.

Quality of Sleep:

The COVID-19 outbreak, lockdown restrictions, and extraordinary measures to curb the spread of coronavirus also influenced changes in sleep habits. One of the study observed a significant increase in the PSQI score under the restriction. The PSQI is a self-rated questionnaire that assesses sleep quality and disturbances over a one-month time interval. Specifically, sleep—wake rhythms markedly changed under restriction. Young people went to bed and woke up later and spend more time in bed. However, paradoxically, they also reported lower sleep quality. In addition, the decrease in sleep quality was stronger for people with a higher level of anxiety, stress, and depression symptomatology.

Stressors and Protective Factors:

In addition to the result mentioned above, having relatives or friends infected by COVID-19, financial uncertainty, worsening of interpersonal conflict, and restriction in social contact were identified as the most prominent stressors. On the other hand, specific protective factors can be detected in family, friendship, and social support; social activities such as spending time with family members, online chatting with friends, online and offline gaming, watching TV, reading storybooks; having a steady family income; and setting up regular schedules and routines in daily life in terms of work, eating, leisure time, exercising, and sleep.





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Conclusion:

The COVID-19 outbreak has globally affected and is still affecting youth mental health. This narrative review indicates a significant impact of the pandemic and the lockdown measures for several mental symptoms including anxiety, mental distress, depression, psychological wellbeing, and sleep habits of young people. The psychological impact was related to the experience of several intensive stressors, such as academic perspectives, massive e-learning adoption, economic obstacles, social restrictions, and daily living side effects related to the COVID-19 outbreak. This narrative review highlighted the relevance of focusing on preventive and strategic actions on mental health for young people during the pandemic and the urgent need afterward for psychological and supportive interventions. Youth mental health actions should be the priority and challenge for drawing strategic plans in the future: (a) to determine and implement desired mental health consultations; (b) to develop additional resources for direct mental health service to high-need youth; (c) to maximize peer support and exchange of ideas; (d) to increase the level of cultural competency of mental health services and approach; and (e) to create more within-program resources for mental health. This narrative review has some limits. One limitation to the present review is that almost all of the studies included collected data through online survey. Online surveys allow one to assess the prevalence of psychological symptoms related to the COVID-19 outbreak in young people while preserving the social distance and all the extraordinary measures to curb the spread of coronavirus. However, the use of electronic self-report questionnaires may have excluded people without internet access, and although anonymous, the study may not be totally free from self-reporting bias. Almost all the included research papers were cross-sectional studies not reporting information about the participant's psychological symptoms before the pandemic.

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