Impact Of Lockdown Due To Covid-19 On Mental Health Of School Children

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ABSTRACT

The COVID-19 outbreak impacted people from all walks of life, with people being advised to self-quarantine in their homes to prevent the virus from spreading. The lockdown had a significant impact on mental health, resulting in psychological issues such as frustration, stress, and sadness. To maintain social distance, many schools have been closed around the world, causing tremendous disruption in the lives of children and teenagers. During the Covid-19, the study looked into the factors that have an impact on students' mental health. During the Covid-19 pandemic, economic, social, and educational factors all had a major impact on pupils' mental health, according to the study. It is advised that access to mental health support services for children and adolescents should be improved in order to provide strategies for establishing good coping mechanisms amid the current crisis.

Keywords: Mental, Health, Impact, Lockdown, Virus.

I.   INTRODUCTION

Lockdowns in India began on March 24 and have been gradually relaxed since September, but schools have remained shuttered and online classes have taken their place. This situation created ideal conditions for children and adolescents to be alone and use the internet more frequently. Parents are concerned about the mental health of their children as a result of school closures, social isolation, and increased internet use. Increased internet access makes it more difficult for parents to keep track of their children's online activities, and regular and unsupervised internet use has been linked to self-harm and suicide behaviour in teenagers with psychological risk factors.

Although Coronavirus Disease 2019 (COVID-19) is not as deadly in children and adolescents as it is in adults, it does cause significant psychological suffering in this age range. Because of parental anxiety, disturbance of daily routines, increasing family violence, and house confinement with little or no access to peers, teachers, or physical activity, adolescents are enduring acute and chronic stress. By allowing for a more harmonious family living, school closure and home confinement can also benefit teenage mental health. However, in a low-income country, the school atmosphere may be more nutritionally, emotionally, and developmentally beneficial than the home. In India, school closures have wreaked havoc on teenage lives, forcing many young people into the workforce and maybe never returning to school.

Adolescents at high risk of psychological difficulties may fall through the cracks in the safety net provided by a supportive family, peer support, and psychological help from teachers during the epidemic. It's past time to take a systematic approach to teenage mental health in India, to track the prevalence of various psychiatric diseases (such as depression, anxiety, and self-harm), and to identify risk and resilience factors.

Frontline health workers in COVID-19 community screening teams could be encouraged to spot recent changes in behaviour, substance use, and excessive isolation among children and adolescents to help identify teenagers at risk of mental problems. Teachers and parents can be taught to recognise indications and symptoms of mental illness, such as sleep difficulties, rage, and inability to concentrate. Any mental health issues can then be handled by mental health specialists, who can use telemental health programmes aimed at adolescents, which have demonstrated to be effective. In addition, task sharing and task shifting strategies could be employed to build clinical care networks across existing health systems in order to provide mental health care for adolescents.

II. REVIEW OF RELATED LITERATURE

Panchal et al., (2021) COVID-19 was designated a pandemic in March 2020, prompting lockdowns in numerous governments around the world. The goal of this study was to look into the existing literature on the consequences of the lockdown measures put in place in response to the COVID-19 pandemic on children's and teenagers' mental health. This PRISMA-compliant systematic review searched Embase, Ovid, Global Health, PsycINFO, Web of Science, and pre-print databases (PROSPERO: CRD42021225604). Individual studies conducted in children and adolescents (aged 19 years) exposed to COVID-19 lockdown that reported on a wide range of mental health outcomes, including risk and protective factors, were considered. Independent researchers extracted data and assessed its quality, and the results were grouped into core topics. There were 61 papers with 54,999 children and adolescents (mean age = 11.3 years, 49.7% female). Anxiety and depression symptoms were widespread in the studies that were examined, with rates ranging from 1.8 to 49.5 percent and 2.2 to 63.8 percent, respectively. Children and adolescents also expressed irritability (range = 16.7–73.2 percent) and rage (range = 30.0–51.3 percent). Prior to the lockdown, special needs and the existence of mental problems, as well as excessive media exposure, were all important risk factors for anxiousness. Communication between parents and children was found to be protective against anxiety and depression. The COVID-19 lockdown has caused psychological distress and has drawn attention to vulnerable groups such as those who have had or are currently experiencing mental health issues. It is critical to support the mental health needs of children and adolescents who are at risk. Clinical recommendations and public health interventions to support this population are needed to mitigate the detrimental consequences of COVID-19 lockdown.

John et al., (2020) Public health measures taken to prevent the spread of the COVID-19 pandemic may have an impact on children's mental health. The goal of this study was to determine the prevalence of paediatric depression and its risk variables during the Covid-19 lock-down. Methods: After 100 days of lockdown, parents of school-aged children (5-16 years) in Chennai were handed a survey questionnaire over WhatsApp. A score of 12 was utilised as the cut-off for the Short Mood and Feelings questionnaire, which was used as an objective screening tool to assess depression. The total number of answers was 874. Childhood depression affected 13.7 percent of children. Boys were less likely

than girls to be depressed. Youngsters aged 11 to 16 were more likely to be depressed than children aged 5 to 10. Children who received more than 4 hours of online schooling were more likely to be depressed. When compared to other devices, such as tablets or laptops, children who used a mobile phone for online classes had a higher risk of depression. Children who slept for less than 8 hours per day were more likely to be depressed. Children who slept less than an hour or did not sleep in the afternoon had a lower risk of depression. Children who spent more than one hour every day engaging with relatives had a lower risk of depression. Children's mental health can be harmed by overzealous internet schooling, lack of proper sleep, and neglect to spend quality time with their families. Public policymakers and health care practitioners should consider the influence of Covid-19 on children's emotional health.

Evren Morgül et al., (2020) The government's execution of measures (such as school closures and social distance) to contain the spread of COVID-19 has impacted millions of children and their families around the world. However, the long-term effects of such policies on children's well-being are unknown. The purpose of this study was to look into the psychological effects of the COVID-19 lockdown on primary school students and their families in the United Kingdom. A total of 927 caregivers with children aged 5 to 11 years old took an online survey that included a series of questionnaires to assess their own and their children's behaviour and emotional states before and during the lockdown. During the lockdown, caregivers reported changes in their children's emotional states and behaviours. Boredom was the most commonly reported kid symptom (73.8%), followed by loneliness (64.5%) and frustration (64.5%). (61.4 percent). More than 30% of carers expressed irritability, restlessness, anger, anxiety, melancholy, worry, and a proclivity to dispute with the rest of the family. During the lockdown, children spent much more time in front of devices and significantly less time exercising and sleeping. Furthermore, family coexistence was described as moderately challenging throughout the lockdown. During the lockdown, more than half of the carers reported being moderately or severely distressed, and caregiver psychological distress was found to be substantially associated to child symptoms. The findings highlighted the significance of implementing prevention programmes to reduce the psychological impact of the COVID-19 pandemic on children and their families.

Aditya Thakur (2020) The global impact of the 2019 new coronavirus illness (COVID-19) has been unparalleled, leaving countries in limbo. Various public health initiatives have been implemented around the world to lessen the severity and mortality of related illnesses. After effectively flattening the curve with measures such as social isolation, quarantine, and the closure of public areas including schools, countries are now emerging from lockdown with cautious hope. However, concerns relating to the pandemic's impact on students' mental health persist beyond this stage. From the perspective of a high school student, this article addresses significant challenges and proposes practical solutions to treat the mental health of teenagers during the COVID-19 pandemic.

Nazia Begam and MD Bashar (2020) The coronavirus disease-19 pandemic, which began in Wuhan, Hubei Province, China, and spread over the world, has had negative consequences in terms of human deaths and economic slowdown in most nations, including industrialised ones. One of the most crucial aspects of the current pandemic is its impact on children's health around the world. Apart from the direct effects of the pandemic in terms of morbidity and mortality caused by the illness itself, the indirect effects of the pandemic due to disruption of routine health services, school closures, isolation,

and quarantining of diseased and suspected persons, and prolonged periods of being indoors due to lockdown imposed by most countries are having a more dreadful impact on children's health and psychological well-being, which is a concerning sign.

III. RESEARCH METHODOLOGY

This is a quantitative research paper. The study included both primary and secondary data, with primary data acquired via personal interviews to obtain a realistic picture of Covid-19's impact on students' mental health. Primary data was acquired utilising a structured questionnaire method that included three variables: economic, social, and educational. The study intended to gather information from 100 individuals in high school, college, and university who have been affected psychologically by the Covid-19 pandemic. The study's sample size is 200 high school, college, and university students who were chosen at random. The convenience sampling approach (a non-probability sampling methodology) was utilised in this study because it allows researchers to save money and time while simultaneously providing a readily available facility. It took nearly five months to collect data from all 200 students.

Secondary data, on the other hand, is gathered from a variety of books, journals, published materials, and online sources. The literature review was created based on secondary data. The questionnaire was divided into two sections. The first section included the demographic characteristics of the respondents, such as gender, age, and educational attainment. The remaining sections were then linked to the three independent variables (economic, social, and educational factors) as well as mental health as a dependent variable. So, for the first portion of the questionnaire, three questions were allocated, and for the second part, 15 questions were assigned. Respondents were allowed to utilise 7-point Likert scales to elicit their replies to the various characteristics (1=strongly disagree to 7=strongly agree). Cronbach's Alpha value exceeded 0.70, or 70%, indicating that all of the data was reliable and consistent. SPSS-25.0 was used to analyse the data. This software had performed frequency and regression analysis.

IV. DATA ANALYSIS

Demographic profile of the respondents

Table 1. Demographic profile of the respondents

		Frequency	Percent	Cumulative Percent
Gender	Male	112	56.0	56.0
	Female	88	44.0	100.0
	Total	200	100.0	
Age	Under 15	20	10.0	10.0
	16 to 20	100	50.0	60.0
	21 to 25	50	25.0	85.0
	26 to 30	18	9.0	94.0
	31 to above	12	6.0	100.0
	Total	200	100.0	

Educational Qualification	SSC	46	23.0	23.0	
	HSC	100	50.0	73.0	
	Graduation	48	24.0	97.0	
	Others	6	3.0	100.0	
	Total	250	100.0		

The demographic profile of the respondents was detailed in Table 1. Males make up the majority of responders (56.0%), while females make up the remainder (44.0 percent). Approximately 50.0 percent of the responders are between the ages of 16 and 20. The next largest age group (25.0 percent) is those between the ages of 21 and 25. The third greatest percentage of responders (ten percent) are between the ages of 18 and 25. The age group of 26 to 31 years accounts for over 9% of the total respondents. Finally, only 6% of responders are between the ages of 31 and 65 years old. The respondents' educational qualifications were listed in the third section of the table. Higher secondary school certificate is the most common educational qualification among respondents (HSC). They are estimated to be between 50 and 100 in number. Graduation is the second most common educational qualification among responders (24 percent). Then there are roughly 23% of responders who have a Secondary School Certificate as their educational qualification (SSC). The remaining respondents were from various educational backgrounds, including vocational, madrasah, and so on. They account for nearly 3% of the population and six people.

Table 2. Descriptive statistics

Descriptive Statistics					
Variables	**N**	**Min**	**Max**	**Mean**	**SD**
Economic Factor					
Low income	200	1.00	7.00	5.6080	1.41929
Rising unemployment rates	200	1.00	7.00	5.6880	1.22829
Deprived from earnings	200	1.00	7.00	5.8080	1.29687
Increasement of Poverty	200	1.00	7.00	5.5880	1.38924
Average:				5.6730	1.33339
Social Factor					
Mutual interaction	200	1.00	7.00	5.5680	1.28842
Distance between friends	200	1.00	7.00	5.6880	1.31361
Family crisis	200	1.00	7.00	5.7000	1.45963
Social distance	200	1.00	7.00	5.8000	1.17538
Average:				5.6880	1.30926
Educational Factor					
Online classes	200	1.00	7.00	5.6600	1.31732

The shutdown of educational institutions	200	2.00	7.00	5.6280	1.38321
Session Jam	200	1.00	7.00	5.4800	1.26808
Drop out	200	1.00	7.00	5.6880	1.18840
Average:				5.6140	1.28927
Mental Health					
Anxiety	200	1.00	7.00	5.7080	1.18844
Suicide	200	1.00	7.00	5.7320	1.31571
Mental condition	200	1.00	7.00	5.7880	1.48319
Average:				5.7427	1.32909

Descriptive statistics

Table 2 depicted all of the factors that have an impact on the mental health of pupils. Social variables, with a mean score of 5.6880 and a standard deviation of 1.30926, are the most influential feature in this study, according to the mean and standard deviation scores. This suggests that throughout the pandemic, social factors have a favourable and significant impact on students' mental health. The mental health component is the next important aspect to evaluate, based on the mean and SD values. The mean value is 5.7427, while the standard deviation is 1.32909. The economic component is regarded the next level of influencer towards a student's mental health, with a mean score of 5.6730 and a standard deviation score of 1.33339. Finally, an educational component with a mean value of 5.6140 and a standard deviation of 1.28927 is the study's final influencer. During the Covid-19 pandemic, the majority of respondents agreed on three variables that contributed to pupils' mental health.

Table 3. Reliability test

Variables	Cronbach's Alpha	No. of Items
Economic	0.749	4
Social	0.736	4
Educational	0.778	4
Mental Health	0.861	3

Reliability test

The internal reliability of the factors was demonstrated in Table 3 above. We observed no consistency errors among those components that were more than 0.70 Cronbach's Alpha in measurement (70 percent). Economic, social, educational, and mental health aspect Cronbach's Alpha values are 75 percent, 74 percent, 78 percent, and 86 percent, respectively. As previously indicated, if the Cronbach's Alpha score exceeds 0.70 or 70%, the survey instruments are sufficiently consistent and devoid of random error. As a result, it is demonstrated that the variables are stable and the data are trustworthy.

Table 4. Model summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.669	.450	.444	.78840

Estimating the relationship between the factors

The correlation coefficient among these variables was shown in the model summary (Table 4). The value of R is 0.669 (67 percent), indicating that there is a positive and moderate association between the mental health of students and economic, social, and educational factors. However, because of the R Square value of 0.450, there is only a 45 percent difference between student mental health and economic, social, and educational factors (45 percent). Adjusted R Square has a value of roughly 44 percent (0.444), indicating that there may be other factors affecting student mental health during the Covid-19 pandemic situation.

Table 5. ANOVA

ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	125.401	3	41.800	67.251	.000
	Residual	152.908	196	.622		
	Total	278.309	199			

ANOVA

The aforementioned ANOVA (Table 5) sought to demonstrate the factor regression analysis, which is carried out by linking the variables Students' mental health and Economic, Social, and educational aspects. The three factors are suggested, and the outcomes are shown in the table above. The F value is assumed to be 67.251, and the Sig value is 0.000 (sig. f 0.01). The study demonstrated and verified that the model is fit and steady enough by achieving 3 and 196 degrees of freedom.

Table 6. Coefficients

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.946	.341		2.776	.006
	Economic	.274	.065	.263	4.190	.000

	Social	.203	.069	.195	2.945	.004
	Educational	.370	.071	.325	5.211	.000

Coefficients

Table 6 used multiple regression analysis to examine the link and discovered that all three variables have a significant impact on the students' mental health. The economic element, which has a Beta value of 0.263, a t-value of 4.190, and a P<0.05, has a significant impact on the mental health of students. The social component, which has a Beta value of 0.195, a t-value of 2.945, and a P< 0.05, has a significant impact on the mental health of students. Finally, the educational component, which has a Beta value of 0.325, a t-value of 5.211, and a P<0.05, has a substantial impact on students' mental health. As can be seen from the table above, all three variables have a significant impact on students' mental health during the Covid-19 pandemic.

V. CONCLUSION

The outcomes of this study revealed that the Covid-19 outbreak has had a substantial impact on students' mental health, education, and daily routine. The Covid-19-related disruptions bring to light critical issues and provide an opportunity to assess alternative educational strategies. New policies and recommendations in this area would assist to reduce some of the harmful consequences while also preparing educators and students for the coming health catastrophe.

Following the end of the COVID-19 pandemic and the reopening of educational institutions, the concerned authorities should continue to invest in online education to improve the learning experience. They should carefully examine the challenges that arose as a result of the abrupt switch to online learning and be prepared for any future instances. Educators must be properly trained in digital abilities and student-teacher relationship must be strengthened. To avoid any disturbance to their studies, disadvantaged students must have access to digital infrastructure, including proper internet access and access to gadgets. Many students are likely to experience stress, worry, and sadness as a result of the situation in Covid-19, so it is vital to give emotional assistance to pupils. Future research in this area could look into the effects of various stress relievers on students' mental health. Furthermore, rules should be developed to anticipate the requirements of vulnerable students. Improved healthcare administration would ensure that mental health services are provided.

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