Mental Health among Youth: an analysis during the second wave of COVID-19

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ABSTRACT

Background: The second wave of COVID 19 pandemic has shaken the world and significantly impact psychological well-being of people. During this time students feel uncertainty and a sense of loss of control over their life. The purpose of the present study is to assess the mental health status (depression, anxiety, stress) among youths due to pandemic COVID 19.

Methodology: The study was conducted on 160 college-going youths in the state of Bihar. Two state universities and two professional institutes of Bihar were included in the sample frame. All the respondents were between 18-28 years of age; the ratio of boys and girls was 60:40. A standard PDF sheet and 21 items DASS Hindi scale by Singh were employed to capture responses through online mode.

Results: The study suggested that 33 per cent college going normal youths experienced mental health issue during COVID 19 periods. About 25 per cent youths reported depression, 35 per cent anxiety and 40 per cent reported stress during lockdown. The prevalence of mental health issues (depression, anxiety and stress) was significantly higher among youths of professional institutes than youths of the state universities. The findings suggested additional psychological support.

Conclusions: The mental health of youth was affected during the second wave of COVID-19 and needs further studies in diverse populations.

Keywords: Youth, second wave, COVID19, lockdown, mental health.

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INTRODUCTION

The study tried to unearth the mental health issues concerning second wave of COVID 19 pandemic among college-going normal youths in India. Mental health and well-being across the world have received more attention nowadays. With over 2.37 lacks, confirm cases, out of which 3710525 are active cases, 258317 have lost their lives while 19734823 have recovered [1] during the second wave of COVID 19 in India, the country is going on the mode of lockdown again. The World Health Organization (WHO) has declared a public health emergency due to new Coronavirus disease COVID 19 and characterized it as a pandemic status since March 2020. The world has experienced many pandemics earlier, but this type of pandemic COVID 19 have never experienced before. The pandemic has shaken the world and significantly impact psychological well-being. The WHO announces a high risk of COVID 19 spreading 210 countries and territories around the world which affect 159,319,384 peoples as of 13th May 2021 from different geographical locations. India took 2nd place with 14.65 per cent of the worlds confirmed cases as on 13th May 2021[2]. As per GoI, PIB on 13 May 2021, the cumulative number of COVID 19 Vaccine dose administered in the country stand total of 17,51,71,482 which is 1.38 per cent of total vaccination against world [3]. The country's vaccination statistics is presented in table 1 below.

Table1: India's vaccination Statistics

Group	1st dose	2 nd dose		
Healthcare Workers	95,81,872	65,38,656		
Frontline Workers	1,41,45,083	79,50,430		
Above 60 years	5,39,54,858	1,62,73,279		
Over 45 years old to 60 years old	5,58,70,091	78,17,926		
18-44 years of age group	30,39,287			
Total	17,51,71,482			

Source: Press Information Bureau, GoI, as on 13.05.2021

The UGC has issued a letter to drop out offline examination which was scheduled in May 2021[4] for universities but uncertainty-anxiety grips thousands of students which is posted in the daily newspaper. The novelty of the COVID-19 and its potential negative impact on students' mental health urge this type of study. Mental health issues include emotional difficulty, anxiety, depression, and adjustment. Some psychological problems are very common and intercorrelated with each other like distress, may also cause depression, emotional difficulty and lack of adjustment. Therefore, there is a need to examine young people's mental health status and to analyse how prolonged university closures, strict social distancing measures, and the pandemic itself affect the mental health of youths.

Since ancient times, the world has given importance to the physical health of citizens, but mental health neither to neglected nor recognized due attention. While as per the World Health Organisation [5], health includes physical, mental, spiritual and psychological competence and not merely the absence of disease or infirmity. Recent research in the field of mental health demonstrated the close association between mental health and non-communicable diseases like cancer, cardiovascular disorder and neurological disorder [6-8]. Some mental health condition like depression, stress and anxiety have resulted in poor productivity, antisocial behaviour, crime and alcohol use. So, good mental health is essential for all communities.

The second wave of COVID 19 is not only affecting our physical health but it is increasingly affected mental health and psychological well-being. Apart from the advisories regarding handwashing, doubts about whether or not to use a mask, what type of mask, what distances to maintain; misinformation about the virus and prevention proposals, linked with under uncertainty about the future, are supplementary sources of distress. Some stress and fear are healthy to motivate people to practice distancing and proper hand hygiene, but a severe amount is debilitating, and indifference puts people at risk. India has undergone in social isolation and lockdown which led to several changes in behaviour. Even though the top examination like IIT, NEET has postponed exams and evaluation work again because of the ongoing situation due to coronavirus infection outbreak. College youths face a lack of face-to-face classroom interactions and traditional social interactions, loss of a large sense of control, and deficiencies of adequate and accurate information. Uncertainty and a sense of loss of control are undoubtedly the pathogenic agents for anxiety, panic, and depression which will have restricted acquisition of cognitive and non-cognitive skills. From economic angle long duration and nature of stress affecting growth, productivity and earning potential of an individual.

Widespread outbreaks of infectious disease, like COVID-19, has associated with psychological distress and symptoms of mental illness [9]. The potential discrimination and stigmatization faced by Chinese students overseas during the pandemic, leading to anxiety and stress-related disorders [10]. Psychiatrists over the world are conscious of these manifestations, their correlates, and strategies to manage them that encompass both the demands of specific populations [11] and the precautionary steps needed to contain the spread of COVID-19 [12]. Zandifar and Badrfam [13] highlighted the role of unpredictability, uncertainty, the seriousness of the disease, misinformation and social isolation in contributing to stress and mental morbidity. At the same time Dong and Bouey [14] has pointed out that the wide scope and spread of COVID-19 could lead to a true mental health crisis, especially in countries with high caseloads which would require both large-scale psychosocial crisis interventions, and the incorporation of mental health care in disaster management plans in the future. Duan and Zhu, [15] have pointed out that while Western countries have incorporated psychological interventions into their protocols for disease outbreaks, this has not yet happened

in countries such as China, leading to the emergence and persistence of stress-related disorders in affected persons.

Further, both the Indian Psychiatric Society and the American Psychiatric Association based on their surveys and research have found an increase in numbers of persons reporting negative mental health impact [16]. Similarly, additional changes like – isolation, social distancing, self-quarantine, restriction of travel and the ever-spreading rumours in social media are also likely to affect mental health adversely [17, 18]. Moses [19] exposed that the pandemic has started to result in unemployment, chronic stress, depression, domestic violence and alcohol dependency in India.

Mental health problems result in a lifelong impact. This impact for a protracted period, gradually resulting in a poor quality of life for such individuals and their families. From a cultural perspective, mental health issues are associated with a considerable amount of stigma in Indian society, leading to neglect and marginalization. Such individuals and their families encounter numerous challenges in everyday life, both for managing the condition as well as for making them productive due to prevailing attitudes, media portrayals, societal discrimination and deprived opportunities. In the Indian context, a systems approach to mental health becomes critical not only to advance mental health issues due to pandemic COVID 19 but also to achieve Sustainable Development Goals (SDGs) 11 by 2030.

The study has designed to capture the prevalence and pattern of mental health in terms of depression, anxiety and stress of college-going youths in times of second wave of COVID-19 pandemic lockdown. The main objectives of the study were as follows:

- To estimate the prevalence and pattern of mental health due to isolation in times of second wave of COVID 19 pandemic lockdown among Youths.
- To measure the gender-wise mental health patterns of youths in times of second wave of COVID 19 pandemic lockdown among Youths..
- To find out the inter-correlation between indicators of mental health among youths in times of second wave of COVID 19 pandemic lockdown among Youths..

METHODOLOGY

Sample

A multistage sample design (MSD) has adopted to the selection of units. Since the study is designed to enfold the mental health problem of youths enrolled at the higher educational institution. There are different types of institutions offering higher education in India. Two state universities and two professional institutes of Bihar were included in the sample frame. About 160 youths enrolled at different colleges and institutes were sampled out. In which 80 students were selected from two state universities and 80 from professional institutes. All the respondents were between 18-28 years of age; the ratio of boys and girls was 60:40.

Tools used

Following tools were applied:

- 1. **Personal data sheet (PDS):** A PDS was used to capture primary information from respondents. It covers age, gender, institute name, class, category, religion, area, parents' occupation and their qualification etc.
- 2. **Mental Health Scale:** A short version of Hindi adaptation of mental health scale namely Depression, Anxiety and Stress scale (DASS) translated by Singh [20] was used to capture responses from youths. It is a 21-item scale. The original DASS scale developed by Lovibond & Lovibond [21] was a widely accepted and used tool for assessing clinical and non-clinical purposes. The Hindi adaptation DASS scale is a reliable and valid scale showed Cronbach alpha for total item 0.83, factor loading ranged from 0.20 to 0.88 with the original scale. The short version of the DASS scale has needed to multiply by 2 to calculate the final score. The possible score one can achieve ranged from 0 to 42 in each dimension.

Procedure

An online survey related to mental health indicators during the second wave of COVID 19 pandemic lockdown was conducted on college-going youths. The study included only those youth who had access to

the internet and engaged in online classes. The sampled youths were requested to elicit their responses on some of the questions they feel last 15 days. The respondents extended full cooperation and willingness to study as well as search queries about findings.

Statistical analysis was done with the help of the Statistical Package of Social Sciences (SPSS).

RESULTS

Table 2 consists of the findings of the statistical comparison between different groups of college-going youths concerning their mental health.

Category	TInivonsity /	Mental Health Score (Percentage)						
	University/ Institute	Depression		Anxiety		Stress		
	Institute	F	%	F	%	F	%	
Normal	State	30	38.0	08	10.0	34	43.0	
	Professional	10	12.5	01	1.25	16	20.0	
Mild	State	22	27.5	08	10.0	42	52.5	
	Professional	14	17.5	04	5.0	31	38.75	
Moderate	State	21	26.25	36	45.0	09	11.25	
	Professional	44	55.0	35	43.75	18	2.25	
Severe	State	02	2.5	13	16.25	11	13.75	
	Professional	05	6.25	21	26.25	15	18.75	
Extremely severe	State	05	6.25	15	18.75	nil	0	
	Professional	07	8.75	19	23.75	nil	0	

Table 2: Distribution of students in mental health score (in per cent)

Table 2 provides some specific information about relative prevalence of various indicators of mental health which emerged out of the statistical analysis. It is apparent from table 2 that about 8.75 (2.5+6.25) per cent youths of state universities have experienced severe to extremely severe depression during university closer, while 15 (6.25+8.75) per cent youths of professional institutes experienced same depression. Also, 35 (16.25+18.75) per cent of state university youths and 40 (26.25+23.75) per cent of professional institute youths have experienced severe to extremely severe anxiety during the reference period. Under stress, 13.75 per cent youths of the state universities and 18.75 per cent youths of the professional institutes have experienced severe stress during the reference period. It is an alarming result, while the National Mental Health Survey (2016) had noted overall 7.3 per cent mental morbidity among youths. Therefore, it can be stated that due to second wave of COVID 19 pandemic lockdown, the prevalence of mental health issues (depression, anxiety and stress) were higher among youths of professional institutes than youths of the state universities.

SE Univ. F **Dimension** Gender Group N Mean SD t-ratio Mean 32 11.37 6.97 1.35 0.08 Depression **Female** A 1.23 В 48 13.17 6.88 0.99 df=78 Male State Univ. C 32 7.17 1.27 **Female** 13.63 0.826 0.63 **Anxiety** df=780.90 Male D 48 14.87 6.24 Female \mathbf{E} 32 15.56 7.05 1.25 0.91 Stress 0.56 Male F 48 16.92 6.15 0.89 df=78 **Female** G 32 16.13 6.95 1.23 0.13 0.006 Depression Pro fess Male Н 48 16.33 6.75 0.97 df=78

Table 3: Distribution of gender-wise mental health score

Anxiety	Female	I	32	14.75	5.79	1.02	1.62	0.11
	Male	J	48	16.92	5.89	0.85	df=78	
Stress	Female	K	32	19.06	5.52	0.97	0.34	0.001
	L Male	L	48	19.50	5.59	0.81	df=78	
			t-ratio					
			A x G	BxH	CxI	D x J	ExK	FxL
			2.73**	2.28*	0.69	1.65	2.21*	2.15*
					(NS)	(NS)		

Table 3 records the summary of the findings of statistical comparison between youths of the state universities and professional institutes in terms of their indicators of mental health liked expression, anxiety, and stress. The youths of the professional institutes had an average high score on almost all the indicators of mental health. Moreover, significant differences were noted between youths of the state universities and professional institutes in all the indicators of mental health under study. But, within the university, significant genderwise differences were not reflected.

Table 4: Inter-correlation between indicators of mental health

University	State	University	7	Professi	onal Instit	ute
Dimension	Depression	Anxiety	Stress	Depression	Anxiety	Stress
Depression	X	0.738^{**}	0.749^{**}	X	0.687**	0.735^{**}
Anxiety	X	X	0.849**	X	X	0.742^{**}
Stress	X	X	X	X	X	X

Table 4 presents inter-correlation among variables of the study. Depression score of the state university youths had significant positive correlations with anxiety score (.738/p<.01) and stress score (.749/p<.01). Also, a significant positive correlation was noted between anxiety score and stress score (.849/p<.01) of the state university youths. A similar trend of inter-correlation was noted in the case of professional institute youths' score. Therefore it can be stated that negative indicators of mental health have significantly and positively inter-correlated with each other in times of social isolation and uncertainty due to second wave of COVID 19 pandemic disease, irrespective of the educational environment.

DISCUSSION

Findings from this study reported that the mental health of Indian youths is under critical condition. The closure of the educational institution, social distancing, and several other restrictions have together negatively impaired youths' mental health. Students from higher educational institution experienced uncertainty about their future and had a fear of failure in a career in times of COVID 19. The study also reflected the environment of the professional institution is quite different from the state university, where youths were perpetually facing a competitive and challenging opportunity. The youths from the professional institution, have certain career goals, but during this critical time, they felt the loss of all opportunities and worried about the future. In future, India will be a fertile land of breeding the post-COVID symptoms in the forms of economic, physical and psychological crisis. Therefore, it is suggested to monitor young peoples' mental health in the long run, because they are the asset and future of the country. The study was carried out on one state therefore, it doesn't claim for generalization.

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