



Research Paper

## Navigating The Mental Health Landscape: A Study On Secondary & Higher Secondary Students Attending Government Schools In Post-Covid Era

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### ABSTRACT

The present study entitled "Navigating the Mental Health Landscape: A Study on Secondary and Higher Secondary Students attending Government schools in the post-COVID Era" was conducted in SOUTH KOLKATA. A sample of 175 school going students from 3 schools with higher secondary & secondary level (90 from both levels) were included in the study. Although there is no data on the post COVID 19 prevalence of mental health problems in youth, evidence from the emerging literature suggests that the COVID-19 pandemic may increase the development of mental health problems in school-aged students. So, the purpose of the study is to examine the mental health status of students in a certain age group (14 to 18). As tools for the study questionnaire, Self-Anxiety Rating Scale (SAS) is used & analysed in IBM SPSS-24. With help of the variables like sex, age, family income, family size, study habits, a set of mental health assessment questions, we had tried to show the comparison of mental health between students with suspected covid symptoms & students without it COVID era. The results of the study indicate a marked decline in the mental health in the post COVID era.

**Keywords:** Mental health, Secondary & Higher secondary School, Kolkata, COVID era

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### I. INTRODUCTION

"Pandemic-related dread and worry have spread over the world because of the COVID-19 outbreak and lockdown. The behavioural and mental health of children and adolescents has been impacted by this occurrence in both the short and long term. The quality and severity of the effect on children are influenced by a number of susceptibility variables, such as developmental age, educational attainment, mental health conditions that predate the impact, poverty, and isolation due to illness or fear of infection."

"A recent investigation points to boredom, a lack of social interactions, and familial issues as potential causes of these issues. Estimates of the prevalence of mental health problems in school-age children were around 7.3% prior to the COVID-19 epidemic (National Mental Health Survey, 2015–16). Although there is no data on the prevalence of mental health problems in youth after the pandemic, evidence from the emerging literature suggests that the COVID-19 pandemic may have a greater impact on the emergence of mental health issues in school-aged students generally, and particularly in those who are more vulnerable to mental illnesses. The current pandemic has caused a rise in mental health conditions and challenges with psychosocial adjustment, mostly impacting school-age adolescents between the ages of 14 and 18. These issues may make it more difficult for students to persevere and succeed academically, particularly while they are jailed. Since these issues might have long-term effects, it is critical to lessen the negative effects of the COVID-19 epidemic on children's mental health by developing treatments that are appropriate for the developmental realities of school-aged children. According to current research in developmental and clinical psychology, social-emotional learning interventions may help lessen psychological distress, enhance wellbeing, boost academic progress, and promote school perseverance. Students who are intellectually brilliant or who have a history of mental health problems (such as anxiety disorders or ADHD) seem to be more susceptible to the detrimental effects of the present pandemic, particularly in terms of their lifestyle, habits, and general health. This emphasises how important it is to provide these young kids with psychological help given their present situation. Several studies have suggested that measures be done to provide assistance either while returning to courses or during periods of seclusion. Even in the lack of empirical data from particular treatments studied in the context of COVID-19,

it is promising to provide resources, such as internet services (e.g., Tele-health), based on lessons learned from previous pandemics or natural disasters.”

“This research will examine a variety of characteristics, such as social networks, attendance in class, relationships with instructors, and fear of infection before and after the COVID-19 pandemic, in order to better understand the mental health of teenagers in the 14–18 age range. According to a recent COVID-19 research, school closures alone are likely to save just 2-4 percent of extra deaths when compared to the use of other social distancing measures. Additionally, they urge that if social isolation is advised for a prolonged length of time, schools should use less disruptive methods. However, given the present circumstances, it is debatable whether a total closure of institutions and schools for an extended period of time is necessary.”

“Some have suggested that panic purchasing is an instinctive way to survive when one is scared. Children have been more prone to hoarding during the current outbreak. Research has also shown that teens primarily see social distance as a social obligation, and that maintaining it is more authentic when driven by pro-social objectives such as averting disease in others. Furthermore, kids who spend a lot of time at home are more likely to utilise social media and the internet, which increases their susceptibility to bullying and other sorts of abuse. The saddest aspect is that, especially if they originate from violent households, children are seldom in a position to report violence, abuse, or injury when schools are closed and legal and preventive resources are unavailable.”

## II. OBJECTIVES

The following are the study's particular goals:

- To be aware of the chosen pupils' socioeconomic characteristics.
- To assess anxiety levels in the chosen student population.
- To comprehend the kids' depression symptoms.
- To comprehend how anxiety and sadness are related in kids who have COVID-19 and those who do not.

## III. LITERATURE REVIEW

**Deb and Walsh (2010)** examined high school students in India based on gender, school type, socioeconomic status, and perspectives on spending quality time with parents. They discovered that 17.9% of females and 20.1% of boys had substantial anxiety. Anxiety was higher in men than in women ( $p < 0.01$ ). Teenagers from Bengal were found to be more worried than those from England ( $p < 0.01$ ). Teens from middle-class backgrounds expressed higher levels of anxiety compared to those from high and low socioeconomic groups ( $p < 0.01$ ). Daughters of working moms had higher levels of anxiety ( $p < 0.01$ ). The majority of teenagers (32.1% and 32.1%, respectively) said their parents didn't spend enough time with them in the family (21.3%). In a similar vein, 40% of mothers and 60% of fathers said they were scared to discuss private matters with their parents. The idea that a society's social environment consists of its ideas, norms, practises, and behaviours led **Arifin et al. (2018)** to investigate how social environment influences student conduct. Globally, a large number of experts and reformers think that students' conduct is influenced by their social surroundings. The challenges of the coming century are too complex. A dysfunctional society is a product of its social surroundings. An important Islamic-Western social learning theory is discussed in this article, along with how the social environment influences students' conduct.

“According to **Islam and Khan (2017)**, this study looked at how socioeconomic status affected the academic success of senior secondary school pupils. In order to recruit 170 Senior Secondary School students from four secondary schools, this study employed a simple random sampling technique in conjunction with descriptive survey research. Students' socioeconomic status and academic success were collected from the office record book using the Socio-economic Status Scale (SESS) developed by Kalia and Sahu (2012). IBM SPSS 20.0, Pearson's Correlation Coefficient, and the t-test were used to assess the data. It was discovered that there was a significant difference in academic achievement between SES groups and that socioeconomic status positively correlated with academic success among Senior Secondary School pupils. Additionally, there was no discernible gender difference in academic achievement.”

“According to **Sharma (2017)**, academic anxiety and mental health in teens are linked. Research was done using descriptive surveys. The sample of 100 13–16-year-olds was selected by purposive sampling and included equally boys and girls. To collect data, Drs. Arun Kumar Singh and Alpana Sen Gupta created the 19 Academic Anxiety Scale for Children (AASC) and Mental Health Battery (MHB). The data was analysed using t-test and Product Moment correlation. According to the data, academic worry negatively impacts mental health in both male and female teens. The gender gap in teen academic anxiety was large. The influence of gender on teen mental health was negligible. The study has educational and societal implications since it sheds light on academic anxiety and mental health.”

In school-aged teens, **Preeti et al. (2017)** found that scores on all three Depression, Anxiety, and Stress scale categories were substantially correlated. Female students had much greater depression 20 than male classmates.

According to the statistics, these teens are more likely to develop despair and anxiety. Given that academic stress can increase melancholy and anxiety, stressed teenagers must be detected early and treated.

According to **Aafreen et al. (2018)**, scientific students were more worried than other students, which affected their academic performance. Individuals are affected mentally, physically, and emotionally. Students perform poorly due to worry and despair. When problems arise, the body stresses. These studies can help us understand stress and help students find answers to their problems so they can enjoy studying without stress.

"In test anxiety: prevalence and correlates, **Bhatta et al. (2018)** showed that private school students had far higher test anxiety than government school students. Sex, family type, academic achievement motivation, self-efficacy, emotional intelligence, and adjustment did not impact test anxiety."

"**Sarwer (2019)** studied secondary school pupils' academic anxiety and English achievement in relation to demographics. The impact of academic anxiety on secondary school English achievement is also calculated. This research has 1007 samples. Data was acquired using Singh and **Gupta's (2011)** academic anxiety measure and the researcher's English test score. This study found large gender, school type, and residence differences in secondary school students' academic anxiety. Academic anxiety had minimal part in the study and hurt students' English achievement."

The mediating role of self-concept was investigated by **Li et al. (2020)** in the link between Chinese junior high school students' academic success and their family's social economic status. They discovered that children's performance in Chinese and mathematics was significantly correlated with both family social economic status and self-concept. Additionally, they discovered that self-concept was significantly correlated with family social economic SES and that self-concept partially mediated the relationship between school academic achievement and self-concept. This shows that children's academic performance may be enhanced by self-concept treatment.

According to **Lee, J. (2020)**, everyday routines have been disrupted by the COVID-19 pandemic and social segregation policies implemented in several countries. As of April 8, 2020, 188 countries had shuttered their schools, according to UNESCO. More than 90% of registered children—or 1.5 billion—do not attend school. "The current disruption in education is unprecedented in its global breadth and pace," said Audrey Azoulay, the director of UNESCO overall. Children and adolescents with mental health issues are denied educational support when schools close. Young Minds research found that 83% of UK adults aged 18 to 25 who had previously had mental illness believed the epidemic had made their symptoms worse. Some teenagers may find it difficult to get help over the phone or online as face-to-face initiatives and peer support groups have been eliminated.

Stress was found to have a substantial influence on students in secondary and higher education settings who confront many academic stressors in a 2020 study by **Pascoe et al.** Stress in the classroom has been connected to lower motivation, worse academic achievement, and increased dropout rates. Every year, governments lose billions as a result of long-term consequences like declining employment rates. "The most recent research on the effects of academic stress on students' learning capacity, academic performance, mental health issues like anxiety and depression, sleep problems, and drug use is reviewed in this narrative review."

China has increased domestic quarantine in response to a 2020 study by **Liu, J., Bao, Y., Huang, X., and Lu Lin** on mental health issues for children imprisoned with COVID-19. As of March 24, 2020, about 80,000 people—many of them children—had COVID-19, and 690,000 had been in close touch with them. Due to the World Health Organization's prompt action, the number of new infections both globally and on the Chinese mainland has decreased. Quarantining youngsters may be detrimental to their mental health, according to research. Retaining children with parents or other relatives might help them feel less stressed. Extra care must be given to childcare separation. Social charity organisations care after children who are unwell or dying from the severe acute respiratory syndrome coronavirus (SARS-CoV-2), as well as children who are confined in nearby hospitals or communal medical observation facilities. These children's vulnerability to infection and the loss or separation of their parents may result in the development of mental health issues.

In 2020, 80% of respondents to a Young Minds survey said that the corona virus pandemic had an impact on their mental health. 41% of respondents said their mental health had gotten "far worse" since the March survey, up from 32%. Many of them experienced worry, loneliness, difficulty coping, or lack of motivation as a result.

#### IV. METHODOLOGY

**Locale of the Study:** South Kolkata schools were chosen for the study due to the COVID19 epidemic and sample availability. Climate in Kolkata is tropical wet and dry. The average yearly temperature is 26.8°C. South-west monsoon winds bring rain to Kolkata from July to mid-September. Winter highs are 15 degrees Celsius and lows are 5 to 9 degrees Celsius. In late December and January, fog is abundant. Temperatures range from 30 to 40 degrees Celsius in summer, with normal highs in the high 30s. The annual average is 1,836.5 mm (72.30

inches). It has 15 million inhabitants, 87 percent literacy, 24.760 people per square kilometre, and 899 women to 1000 men. Location latitude and longitude are 27.570839,81.598022.

**Research Design:** A research design is established to collect and evaluate new data in order to reinterpret existing facts. The research design preparation procedure includes making appropriate accommodations for systematic research work. When arranging the various actions, the researcher takes into account the theoretical background as well as the availability of the necessary resources. "The Ex-post Facto descriptive research approach was used to investigate demographic characteristics, anxiety levels, depression level, study habits, and mental health among the students with & without suspected COVID-19 symptoms."

**Sample Selection:** A total number of 175 students were randomly selected from three schools of South Kolkata (30 students from secondary level & 30 students from higher secondary level from each school). On random selection, the students selected belonged to three schools.

#### **Tools and Techniques used for data collection**

Various tools used to collect data for the study on the variables for the study were as follows:

- **Questionnaire:** A structured questionnaire schedule was created to elicit information about the student's family background (family type, family size, house type, monthly family income, academic performance and related study environment, study habits and attitudes, and mental health status before and after COVID)

- **Self- Anxiety Rating Scale:** The students' anxiety levels were assessed using the SAS scale. The measure contained four categories that classified children's anxiety levels as strongly agree, agree, neutral & disagree. All items on the scale were written in simple language that the children could understand.

**Analysis of the data:** Using the Microsoft Excel application, the data from several schedules was standardised and unified. The data was reviewed with the questionnaire once it was entered into the Excel file, and any required corrections were made. With the aid of IBM SPSS ver-24 tools, the data was tabulated. Percentage, Mean, Chi Square, and Standard Deviation were the statistical metrics employed in the analysis.

**Informed Consent:** Consents were taken from each student & their confidentiality is maintained. Ethics & discipline were also taken care of.



**FIG 1: SURVEY IN A SCHOOL**

#### **V. RESULT**

In a study of post-COVID-era school students, both those with and without suspected COVID-19 symptoms were examined. The research involved 175 students from different schools, with relatively even representations. Gender-wise, a higher proportion of symptomatic students were female (64.6%), while more males were among the asymptomatic (34.5%). Most symptomatic students were aged 15-17 (65.9%), and this was reflected in the asymptomatic group (86.3%). Nuclear families were more common among symptomatic students (73.3%), while joint families were predominant among asymptomatic ones (71.74%). Symptomatic



cases correlated with single-income sources (68.2%). Both service and business roles were notable among guardians of both groups. Financially, symptomatic students mostly had incomes below 25k (48.3%), in contrast to asymptomatic students. These findings reveal demographic distinctions between students with and without COVID-19 symptoms in the post-pandemic school landscape. (Table 1)

**“Table 1 Demographic characteristic of the school students with suspected COVID-19 symptoms & without suspected COVID-19 symptoms in the post COVID era:”**

<b>Variable</b>	<b>N= 175</b>	<b>Students with suspected COVID-19 symptoms</b>	<b>Students without suspected COVID-19 symptoms</b>	<b>χ<sup>2</sup></b>	<b>P value</b>
<b>School name</b> Barisha High School Sri Ritam Vidyapith Sir Nripendra Nath Institution	60(34.1%) 60(34.1%) 55(31.4%)	18 (30%) 24 (40%) 09(16.36%)	42 (70%) 36 (60%) 46 (83.36%)	1.87	0.38
<b>Gender</b> Male Female	62(35.4%) 113(64.6%)	12(19.3%) 39(34.5%)	50(80.7%) 74(65.5%)	4.11*	0.04
<b>Age</b> <15 15-17 ≥18	4(2.3%) 116(65.9%) 55(31.8%)	0 16(13.7%) 11(20%)	4(100%) 100(86.3%) 44(80%)	0.44	0.51
<b>Family type</b> Nuclear Joint	129(73.3%) 46 (26.7%)	56 (43.41%) 13 (28.26%)	73 (56.59%) 33 (71.74%)	6.25**	0.01
<b>Family Size</b> 0-2 3-5 6-8 9-12 More than 12	6(3.4%) 128(72.7%) 28(15.9%) 8(4.5%) 5(2.8%)	01 (16.66%) 47 (36.71%) 08 (28.57%) 03 (37.5%) 03 (60%)	05 (83.34%) 81(63.28%) 20 (71.42%) 05 (62.5%) 02 (40%)	4.70	0.10
<b>Source of Income</b> 1 2 More than 2	120(68.2%) 40(22.7%) 15(8.5%)	19 (15.83%) 06 (15%) 10 (66.66%)	101(84.16%) 34 (85%) 05 (33.33%)	3.54	0.06
<b>Guardian’s occupation</b> Service Business Others	80(45.5%) 76(43.2%) 19(10.9%)	12 (15%) 21(27.63%) 09 (47.36%)	68 (85%) 55 (72.36%) 10 (52.63%)	2.73	0.44
<b>Monthly income</b> <25k 25k-50k >50k	85(48.3%) 55(31.3%) 35(19.9%)	54 (63.52%) 10 (18.18%) 2 (5.71%)	31 (36.47%) 45 (81.81%) 33 (94.28%)	1.01	0.25

\*P-value<0.05

\*\*P-value<0.01

**Depressive symptoms:**

The study examined post-pandemic schoolchildren with putative COVID-19 symptoms and current depressed symptoms. A total of 175 students were compared with and without symptoms. The analysis examined several depression symptoms. 52.2% of symptomatic students strongly agreed or agreed that they had little interest in topics, whereas 42.9% of asymptomatic students agreed. A significant correlation was found ( $\chi^2 = 81.59, p < 0.01$ ). Time management was simple for 69.3% of symptomatic students and 69.8% of asymptomatic students. A significant association ( $\chi^2 = 16.18, p < 0.01$ ) was observed. 64.2% of symptomatic students had problems focusing on reading and TV, whereas 49.1% of asymptomatic students did. A significant correlation was found ( $\chi^2 = 81.84, p < 0.01$ ). 75% of symptomatic students and 76.1% of asymptomatic students agreed or strongly agreed that they felt horrible about themselves. The study revealed a correlation ( $\chi^2 = 22.19, p = 0.28$ ). (Table 2)

**Table 2** Prevalence rate of modern depressive symptoms in the school students with suspected COVID-19 symptoms in the post covid era:

Variable	N=175	Students with suspected COVID-19 symptoms	Students without suspected COVID-19 symptoms	$\chi^2$ (df)	P value
Little interest in every matter <ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> </ul>	30 (17.0%) 62 (35.2%) 42 (23.9%) 41 (23.3%)	04 12 13 20	26 50 29 21	81.59**	<0.01
Time management was easy. <ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> </ul>	68 (38.6%) 54 (30.7%) 24 (13.6%) 29 (16.5%)	14 21 10 09	54 33 14 20	16.18**	<0.01
Trouble concentrating on reading, watching TV <ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> </ul>	51 (29.0%) 62 (35.2%) 35 (19.9%) 27 (15.3%)	07 17 29 14	44 45 06 13	81.84**	<0.01
Feeling bad for myself (feeling like a failure) <ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neutral</li> <li>• Disagree</li> </ul>	53 (30.1%) 79 (44.9%) 34 (19.3%) 09 (5.1%)	06 16 24 03	47 63 10 06	22.19	0.28

\*\*P-value<0.01

**Anxiety symptoms:**

Students with apparent COVID-19 symptoms were compared to those without on SAS items. Anxiety-related experiences were analyzed with 175 students. About feeling more apprehensive and anxious than normal, 46.85% of symptomatic students agreed, while 53.14% disagreed. In asymptomatic students, 30 agreed and 80 disagreed. The connection was substantial ( $\chi^2 = 42.75, p < 0.01$ ). 21.71% of symptomatic students agreed that they felt fear without a reason, whereas 78.28% disagreed. In asymptomatic students, 11 agreed and 57

disapproved. The connection was high ( $\chi^2 = 53.21, p < 0.01$ ). Symptomatic students agreed 43.77% and opposed 96.22% about becoming agitated easily. In asymptomatic students, 29 agreed and 95 disagreed. The study found a significant correlation ( $\chi^2 = 94.36, p = 0.92$ ). 45.71% of symptomatic students disagreed that everything is OK, while 54.28% agreed. In asymptomatic students, 62 agreed and 17 disagreed. A strong correlation was observed ( $\chi^2 = 17.49, p < 0.01$ ). 44% of symptomatic students agreed and 56% disagreed about feeling calm and sitting motionless. In asymptomatic students, 25 agreed and 39 disagreed. A strong connection was found ( $\chi^2 = 3.62, p < 0.01$ ). 21.71% of symptomatic students disagreed with being able to breathe comfortably, whereas 78.28% agreed. In asymptomatic students, 24 agreed and 113 disapproved. A significant association ( $\chi^2 = 33.01, p < 0.01$ ) was observed. 42.28% of symptomatic students agreed and 57.71% disagreed about finger and toe numbness and tingling. In asymptomatic students, 21 agreed and 49 disapproved. A correlation was found ( $\chi^2 = 54.02, p = 0.002$ ) 44.57% of symptomatic students agreed that their hands were warm and dry, whereas 55.42% disagreed. The asymptomatic students agreed 15 times and disagreed 2. A strong connection was found ( $\chi^2 = 30.40, p < 0.01$ ). Symptomatic students agreed 55.42% and disagreed 44.58% on falling asleep and sleeping well. In asymptomatic students, 18 agreed and 49 disapproved. Analysis revealed association ( $\chi^2 = 3.48, p = 0.06$ ). Last, 28.57% of symptomatic students acknowledged that they had nightmares and 71.42% disagreed. In asymptomatic students, 13 agreed and 63 disapproved. A substantial correlation was found ( $\chi^2 = 25.09, p < 0.01$ ).

In conclusion, the study examined SAS items in students with probable COVID-19. Physical sensations, anxiousness, and dread were correlated with anxiety. (Table 3)

**Table 3 Specific Self rating anxiety scale (SAS) items in students by having suspected COVID-19 symptoms**

Variable	N=175	Students with suspected COVID-19 symptoms	Students without suspected COVID-19 symptoms	$\chi^2$ (df)	P value
Feel nervous and anxious than usual. • Agree • Disagree	82(46.85) 93(53.14)	30 13	52 80	42.75**	<0.01
Afraid for no reason at all. • Agree • Disagree	38(21.71) 137(78.28)	11 57	27 80	53.21**	<0.01
Get upset easily • Agree • Disagree	66(3.77) 109(96.22)	29 95	37 14	94.36	0.92
Feel that everything is all right • Agree • Disagree	95 (54.28) 80(45.71)	62 17	33 63	17.49**	<0.01
Feel calm and can sit still easily. • Agree • Disagree	77(44) 98(56)	25 39	52 59	3.62**	<0.01
Can breathe in and out easily. • Agree • Disagree	137(78.28) 38(21.71)	24 03	113 35	33.01**	<0.01
Get feelings of numbness and tingling in my fingers, toes. • Agree • Disagree	74(42.28) 101(57.71)	21 49	53 54	54.02	0.002
Hands are usually warm and dry. • Agree • Disagree	78 (44.57) 97 (55.42)	15 02	63 95	30.40**	<0.01
Fall asleep easily and get a good night rest. • Agree • Disagree	97 (55.42) 78 (44.58)	18 49	79 29	3.48	0.06
Have nightmares. • Agree • Disagree	50(28.57) 125(71.42)	13 63	37 62	25.09**	<0.01

\*\*P-value<0.01

“Table 4 shows the association between having suspected COVID-19 symptoms and levels of anxiety and depression in the studied population of 175 students. Among students with suspected COVID-19 symptoms, 45.14% were found to be experiencing depression, with a statistically significant odds ratio of 0.48 (95% CI: 0.02-0.92). Furthermore, 54.85% of the same group showed anxiety, with a significant odds ratio of 1.88 (95% CI: 1.43-2.32). The comparison group, consisting of students without suspected COVID-19 symptoms, was used as a reference in both cases. This data highlights a strong association between having suspected COVID-19 symptoms and increased levels of anxiety and depression among the student population.”

**Table 4 Association of having suspected COVID-19 symptoms with anxiety & depression**

Variable	N=175	Depression (95% CI)	Anxiety (95% CI)
Students with suspected COVID-19 symptoms	79 (45.14%)	0.48** (0.02-0.92)	1.88** (1.43-2.32)
Students without suspected COVID-19 symptoms	96 (54.85%)	Ref.	Ref.

\*\*P-value<0.01

## VI. DISCUSSION

This study examines the psychological effects of suspected COVID-19 symptoms on post-pandemic schoolchildren. The study examined demographics, current depression symptoms, and anxiety levels to illuminate the complex relationship between health, psychological well-being, and the pandemic's aftermath.

### Differences in Demography:

Demographic study showed notable differences between pupils with and without apparent COVID-19 symptoms. Gender-specific susceptibility to the infection or symptom reporting may explain why female students had more symptoms. A large number of sick pupils were 15-17 years old, suggesting age-related vulnerability. Different family types and sizes show that home mix may affect transmission dynamics and symptomatic experiences. The relationship between single-income sources and symptomatic individuals highlights economic weaknesses that might worsen the pandemic's psychological impact.

### Modern Depression Symptoms:

The study of current depressed symptoms showed the complex psychological impacts of COVID-19. Compared to asymptomatic students, symptomatic students reported greater rates of indifference, time management, and focus issues. These findings reflect the pandemic's wider impact on mental health, as uncertainty and interruptions can lead to indifference, difficulties regulating routines, and problems focusing. The link between symptomatic experiences and self-doubt suggests that the pandemic may cause a poor self-image.

### Anxiety Level:

The Self-Rating Anxiety Scale (SAS) revealed students' emotional responses to potential COVID-19 symptoms. Notably, these pupils had more anxiety than those without symptoms. Symptomatic pupils describe anxiousness, unexplainable worry, and bodily discomfort, highlighting the pandemic's emotional impact. The psychological effects of health-related uncertainty and infectious disease exposure are supported by the literature.

### Association with Depression and Anxiety:

The study linked potential COVID-19 symptoms to anxiety and sadness, a major finding. The odds ratios for anxiety and depression show a strong link between symptoms and psychological discomfort. The intricate relationship between physical and mental health emphasizes the need for a comprehensive approach to treatment that addresses both dimensions.

## VII. CONCLUSION

This study highlights the psychological environment of post-COVID-19 school students with suspicious symptoms. The demographic differences, current depressive symptoms, and increased anxiety in symptomatic students show how the pandemic has affected mental health. Symptomatic experiences are linked to anxiety and



depression, emphasizing the need for integrated treatment that addresses physical and mental health. A holistic approach to student mental health is essential as schools and communities face post-pandemic problems.

### LIMITATIONS & FUTURE STUDIES

This study's shortcomings must be acknowledged. The research is cross-sectional, hence causality cannot be established. Psychological reactions' temporal dynamics may be shown via longitudinal investigations. The study's self-report measures may also skew responses. Post-traumatic development, social support networks, and more objective measurements might be studied in future studies.

#### Limitations of the study-

- "The sample size of the data is taken was restricted 175 students only because of COVID-19 pandemic."
- "For Random selection the universe data with respect to total high school and Intermediate students could not be taken."

### IMPLICATIONS & CONSIDERATION

The findings affect educational institutions and policymakers. Student demographics and psychology must be considered while personalizing help. Gender-specific or nuclear family student mental health treatments might be created. The study also emphasizes the significance of comprehensive mental health services in schools, which treat current depressive symptoms and anxiety and foster resilience and coping skills.

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