Impact of COVID-19 pandemic on Mental Health of Children

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Abstract

The effect of the COVID-19 pandemic on children's mental health was analysed. Mental health of 30 normal children aged below 15 years, is assessed by Problem Behavior checklist (PBCL-VD) which was developed by Vimala Veeraraghavan & Archana Dogra. Mean age of participants was 12.57 yrs. The PBCL-VD is a tool for evaluating children's mental health. The importance of the COVID-19 outbreak on the student's mental health in Kerala was researched in this pilot study. Normal children below 15 years were used in this ex-post facto research. For this research, 30 samples, out of which 15 were from boys and girls, was studying at English medium High School in Kerala. Globally there was a lot of study has been done to assess the mental health of foreign children who are impacted due to COVID-19 pandemic. It has been observed that out of 30 samples, 11 school children show extremely low problem behavior, 07 school children show low problem behavior, 01 school child shows below average problem behavior, 05 school children show average/moderate problem behavior, 03 school children show above average problem behavior and 03 school children highly show problem behavior.

Keywords: mental health, COVID-19 pandemic, problem behavior

INTRODUCTION

Mental health refers to freedom from all sorts of problem behavior. It is a harmonious balance between problem behavior and well being. Due to any unavoidable circumstances, this balance gets disturbed. It can easily bounce back to normal position. Mental health can be easily restored, when all problems behavior get subdued. It is quite essential for maintaining peace and tranquility in every human being. Mental health and physical health are mutually interrelated. Everyone must strive hard for its harmonious balance. COVID-19 pandemic is a disaster that has already taken place. The effect is already there in the world. The occurrence of the COVID-19 epidemic on the mental health of the population's children in schools was examined in this ex-post facto study in Kerala. Normal children below 15 years were used for this study. For these research 30 samples, out of which 15 were from boys and girls, was studying at English medium High School in Kerala. Globally there was a lot of study has been done to assess the mental health of foreign children who are impacted due to COVID-19 pandemic. In addition, there has been no research done in India to analyse the impact of the COVID-19 outbreak on children's mental

health. Fear, anxiety, hopelessness, helplessness, depression, and other cognitive, emotional, and behavioural deficits have been reported in COVID-19 victims (Pooja V.K. and K Nagalakshami) (2018). COVID-19 causes maladaptive behaviour and psychiatric disorders by disrupting regular life and activity. Due to enforced lockdown in India, the children are deprived of social, emotional and cultural interactions that hugely affect their mental well-being. Only little opportunity is provided to interact physically with peers and teachers due to online class. Children has barred from the freedom to choose available options because of online class. Environmental stressors are always present in the children's life in the form of COVID-19. In India, there is little research has been done to assess the impact of COVID-19 in school children. There is a huge knowledge gap prevalent in this area. Hence, there was a strong necessity to conduct research in school children for filling up the knowledge gap.

OBJECTIVE

In this ex-post facto study, the repercussions of the COVID-19 outbreak on children's mental health are explored. The following hypotheses were proposed.

H0: There is a strong positive relationship between mental health and COVID-19.

H1: There is no strong positive relationship between mental health and COVID-19.

METHOD

For the safe and smooth conduct of this descriptive study, samples have selected from the english medium High school children, who are studying in Kerala. 30 normal school children is select for this study by using deliberate sampling. The researcher has used a formula of selecting the required sample of 15 each from boys & girls, respectively, from the population. Then, he has deliberately selected the samples from the population. Thus, the 30 samples were selected for this study. All ethical guidelines and standards which must be followed for the children's safety are strictly complied during this research. The mental health of 30 normal school children aged below 15 years was assessed using Problem Behaviour check list (PBCL-VD) which was developed by Vimala Veeraraghavan & Archana Dogra. In this checklist, 58 behavioral statements are listed for three response categories, the parent must assess degrees of

problem which are related to their children. Each problem must be read one by one by the parent, who must determine if the problem occurs "Most often," "Occasionally," or "Never". When the responses were "Most often," it meant there was a lot of issue conduct, while "Occasionally" or "Never" meant there was either a little or no problem behaviour. Scoring can be done by assigning a score of 3, 2 & 1 to "Most often," "Occasionally " & "Never" respectively. Total scores from 58 to 174, suggesting that the higher the score, the more serious the child's problem behaviour, and the lower the score, the less serious the child's problem behaviour (Vimala, V., and Archana, D. (2005). One-Sample Wilcoxon Signed Rank Test is used to predict any significant relationship between COVID-19 and mental health. Data analysis is done using IBM SPSS Statistics 28.0.1.0(142) version.

RESULTS

The total number of samples used for this study is 30. The mean age of participants is 12.57yrs. The mean of mental health status is 70. Standard deviation is 12.163. Median of mental health status is 64. Various observations obtained during this research process are appended below:

Table 1

Mental health of children due to COVID-19

N	Valid	30
	Missing	0
Median		64.0000[a]
Skewness		.613
Std. Error of Skewness		.427
Kurtosis		-1.381
Std. Error of Kurtosis		.833
Range		33.00
Minimum		58.00
Maximum		91.00
Percentiles	25	59.5000[b]
	50	64.0000
	75	81.0000

a. Calculated using data that has been grouped.

b. Percentiles are generated using data that has been grouped.

Table 2

Children's Mental health status as Frequency and Percentage

		Frequency	Percentage (%)	Valid percentage	Cumulative percentage
Valid	58.00	4	13.3	13.3	13.3
	59.00	3	10.0	10.0	23.3
	60.00	5	16.7	16.7	40.0
	62.00	1	3.3	3.3	43.3
	63.00	1	3.3	3.3	46.7
	64.00	2	6.7	6.7	53.3
	65.00	1	3.3	3.3	56.7
	67.00	1	3.3	3.3	60.0
	68.00	1	3.3	3.3	63.3
	80.00	2	6.7	6.7	70.0
	81.00	3	10.0	10.0	80.0
	88.00	3	10.0	10.0	90.0
	90.00	2	6.7	6.7	96.7
	91.00	1	3.3	3.3	100.0
	Total	30	100.0	100.0	

Table 3

One-Sample Wilcoxon Signed Rank Test for predicting mental health

Total N	30
Test Statistic	266.000
Standard Error	43.829
Standardized Test Statistic	1.437
Asymptotic Sig.(2-sided test)	.151

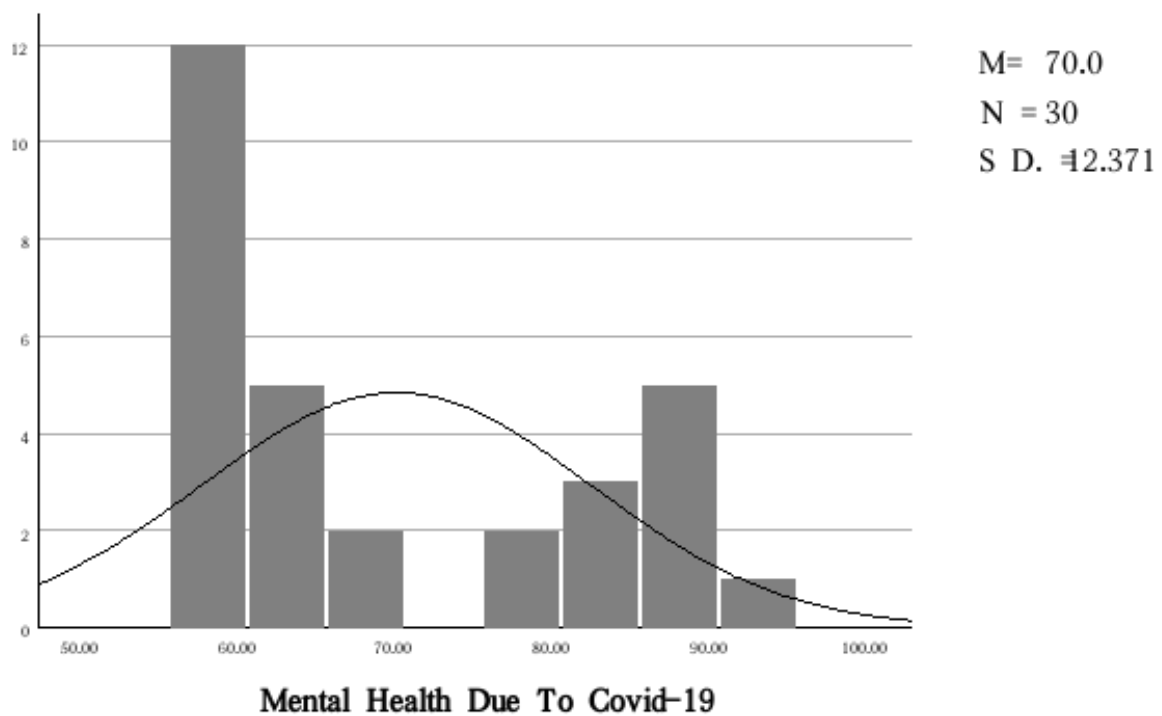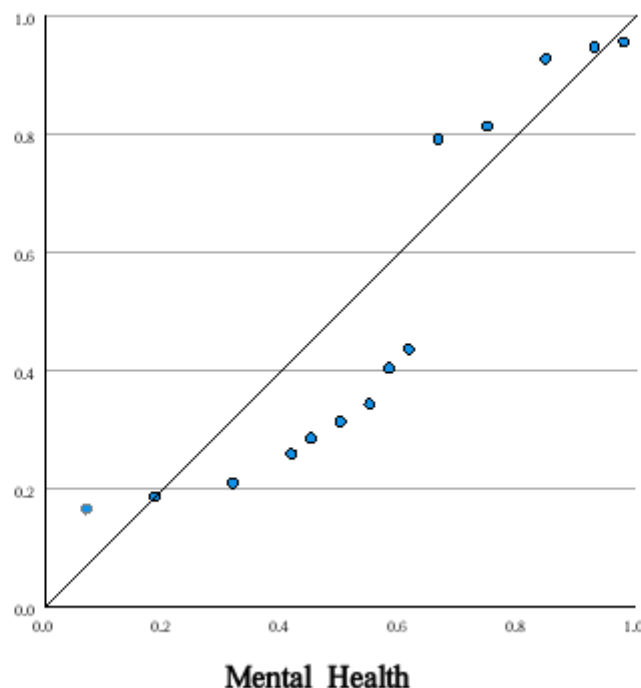Figure 1. Histogram shows mental health affected by COVID-19

M= 70.0
N = 30
S D. =12.371

Mental Health Due To Covid-19

Figure 2. The interaction between mental health and COVID-19 is depicted in a scatter plot.

Mental Health

DISCUSSION

The number of samples used for this descriptive study is 30. Deliberate sampling is used for sampling. The mean age of participants is 12.57yrs. The mean of the raw score or mental health status is 70. Then, the standard deviation is 12.163. Median of mental health status is 64. It has observed that out of 30 samples, 11 school children (36.66%, n=30) shows extremely low problem behavior, 07 school children (23.33%, n=30) shows low problem behavior, 01 school child (3.33%, n=30) shows below average problem behavior, 05 school children (16.66%, n=30) shows average/moderate problem behavior, 03 school children (10%, n=30) shows above average problem behavior and 03 school children (10%, n=30) shows highly problem behavior. 07 boys (46.66%, n=15) & 04 girls (26.66%, n=15) shows extremely low problem behavior, 02 boys (13.33%, n=15) & 05 girls (33.33%, n=15) shows low problem behavior, 01 girl (6.66%, n=15) shows below average problem behavior, 04 boys (26.66%, n=15) & 01 girl (6.66%, n=15) shows average/moderate problem behavior, 02 girls (13.33%, n=15) & 01 boy (6.66%, n=15) shows above average problem behavior and 01 boy (6.66%, n=15) & 02 girls (13.33%, n=15) shows highly problem behavior. Out of 100% samples, 60% has reported no problem at all and 40% has reported some problems.

To determine the level of significance at 5% level, 0.075 is the value the researcher has obtained from statistical analysis, by using One-Sample Wilcoxon Signed Rank Test in IBM SPSS Statistics 28.0.1.0(142) version. Since, 0.075>0.05, we cannot reject H0. Hence, there is a strong positive relationship between mental health and COVID-19.

CONCLUSION

From this descriptive research it is considerably evident that COVID-19 pandemic has a strong positive relationship on the mental health of children.

LIMITATION:

It is pertinent to mention that ex-post facto research was a descriptive study and hence experimental variables are not manipulated in this study. Sampling is done by Non-probability sampling design and hence there is a chance for sampling error.

CONFLICT OF INTEREST:

There were no conflicts of interest declared by the author(s).

ACKNOWLEDGEMENT:

All participants who participated in the study and assisted in the research process are thanked by the author(s).

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