

Youth and Covid-19: Mental Health Challenges

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Abstract

The COVID-19 pandemic created a major public health crisis that affected education, family life, and the mental health of young people. While the early response focused on controlling the virus, research shows that students faced serious psychological challenges when they lost access to in-person classes, friends, and normal support systems (Hossain et al., 2020; Jones et al., 2021). This article explores these challenges through five case studies of college students in Aizawl, India. The studies showed that stressors such as family conflict, crowded homes, pre-existing mental health issues, substance use in the household, and poverty increased risks of anxiety, insomnia, low mood, and disengagement from studies. The findings connect these experiences with research on adolescent well-being, online learning barriers, and school–community partnerships (Lee, 2020; Aucejo et al., 2020; Hertz & Barrios, 2021). The article recommends coordinated actions that put student mental health at the center of educational planning. It concludes with practice and policy suggestions to help students build resilience during long-term crises (Deci & Ryan, 2008; Ryff, 2014; Ross et al., 2020).

Keywords: Covid-19; youth; mental health; anxiety; education disruption; qualitative case study

Introduction

During the COVID-19 outbreak, young people faced many mental health problems. They often felt worried and afraid about catching the virus or their family members getting sick. Staying at home for long periods made many feel sad, lonely,

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and less motivated. School closures and online classes added stress, especially for students without good internet or study resources. Constant news about COVID-19 also caused more health worries. Some young people faced family conflicts at home, which made them feel more stressed. Many also became irritable, had trouble sleeping, or spent too much time on social media. In some cases, they even turned to risky behaviors like substance use to cope with stress. These challenges show that the pandemic had a strong effect on the mental health of youth and that they need more support to deal with such situations.

At the same time, COVID-19 reshaped everyday life around the globe in a matter of weeks. In addition to acute health risks, the secondary effects of lockdowns and school closures were profound for young people who rely on educational institutions not merely for learning but also for structure, social connection, and developmental support (Lee, 2020). Globally, closures displaced over a billion learners and forced a rapid pivot to online modalities (Aucejo et al., 2020). This transition magnified pre-existing inequalities in device ownership, internet connectivity, and household space; many students faced the double bind of academic expectations without the physical or psychological conditions conducive to study (Bao, 2020; Anwar & Adnan, 2020; Hasan & Bao, 2020).

Further, Psychologically, uncertainty about health, examinations, and future prospects created a fertile context for anxiety, depressive symptoms, and sleep disturbance (Asmundson & Taylor, 2020; Hossain et al., 2020). Review evidence points to a broad elevation of mental health difficulties among adolescents during the pandemic, with particular risks for those with existing vulnerabilities or constrained access to support (Jones et al., 2021; YoungMinds, 2020). In the Indian context, survey-based studies show that disruptions were especially severe for university students and youth from lower-income households, who experienced learning loss, motivational decline, and distress related to an ambiguous return to normalcy (Kapasias et al., 2020; Debbarma & Durai, 2021).

Mizoram has strong community and faith-based networks that typically buffer hardship; however, the sudden curtailment of public gatherings and campus life challenged these protective mechanisms. Against this backdrop, the present article uses qualitative case studies to document the lived experiences of five students in Aizawl and to analyze the layered determinants of their well-being. We integrate their narratives with current research to derive actionable implications for colleges, families, and community organizations (Hertz & Barrios, 2021; World Health Organization, 2020).

Review of Literature

COVID-19

According to the World Health Organization (2020), the COVID-19 outbreak became a major global health crisis in early 2020. While there have been epidemics in the past, this was the first time in recent history that strict confinement measures were used to control a pandemic. However, only a few studies have looked at how staying at home during COVID-19 affected the mental health of children and adolescents.

Orgilés et al. (2020) noted that many reports have raised concerns about increased mental health problems and anxiety during the pandemic, especially among people with existing health conditions (Hao et al., 2020; Kosir et al., 2020; Mukhtar & Mukhtar, 2020; Tsamakidis et al., 2020).

Some research has shown encouraging results, suggesting that young people are less likely to get infected with COVID-19 and usually have milder symptoms if they do (Lee, Yu, Chen, Huang, & Hsueh, 2020; Liao et al., 2020).

At the same time, Hawke et al. (2020) emphasized that children and adolescents with existing health problems may worry more about the virus, which can increase their risk of mental health difficulties. Health-related anxiety also became more common during the pandemic (Asmundson & Taylor, 2020). Finally, reduced face-to-face contact with friends may have caused loneliness, particularly among children and teenagers in middle childhood and adolescence (Jones, Mitra, & Bhuiyan, 2021).

The Indian and international literatures reinforce these patterns. Analyses of school closures show marked effects on engagement, expectations, and academic confidence among university students (Aucejo et al., 2020; Lee, 2020). Studies of remote learning during the pandemic indicate that unprepared digital infrastructures, minimal instructional redesign, and varying home supports created inequities in learning opportunities (Bao, 2020; Cook, 2009; Hasan & Bao, 2020). For adolescents, social isolation and boredom are established risk factors for emotional and behavioral problems, amplifying the need for structured leisure and supervised peer contact (Wegner & Flisher, 2009).

Reviews focused on youth report elevated prevalence of anxiety and depressive symptoms during COVID-19, with particular concern for those with existing vulnerabilities or those living in stressful home environments (Hossain et al., 2020; Jones et al., 2021). In India, findings from West Bengal and the Northeast point to learning loss, anxiety about assessments, and frustration with digital modes, especially among students from low-income households (Kapasia et al., 2020; Debbarma & Durai, 2021). Reports from youth-centered organizations such

as YoungMinds further highlight service gaps and the value of accessible, youth-friendly supports (YoungMinds, 2020). At the macro level, labor market shocks heightened family stress, with sharp rises in unemployment during the initial months of the pandemic (Kochhar, 2020).

Youth and Mental Health

Ross et al. (2020) explained that adolescent well-being is important both for individuals and for society. Adolescence is also a crucial stage of life when many skills and factors that affect lifelong well-being are developed. The COVID-19 pandemic and its related challenges have highlighted the need for strong systems to support adolescent well-being.

Hertz and Barrios (2021) found that emotional responses to COVID-19, such as fear of infection, worry, and stress, were linked to negative mental health outcomes in young people. These included depression, anxiety, obsessive-compulsive disorder (OCD) symptoms, physical complaints, and more behavior problems.

Only a few studies have been carried out at the regional or state level (Deori et al., 2020; Debbarma & Durai, 2021; Lianhmingthangi et al., 2020; Zothantluanga et al., 2020). Very limited research has focused specifically on youth in Mizoram and Northeast India with regard to Mental health challenges during covid -19. There is a lack of literature on coping strategies and social support in this regional context as well. This review of existing literature highlights the need to understand and study the mental health challenges of youth during the pandemic.

Statement of the Problem

Early data from India and other countries show that COVID-19 increased many problems for teenagers' mental health, such as feeling lonely, family stress, disruption in school, and financial worries (Hossain et al., 2020; Kapasia et al., 2020). Closing schools stopped face-to-face learning and also limited contact with supportive adults—like teachers, counsellors, and mentors—who often notice early signs of trouble. At home, job loss and reduced income caused more tension, especially for students living in small or shared spaces. Lack of privacy made it harder to focus or rest (Kochhar, 2020; Wegner & Flisher, 2009). This study looks at how these challenges affected the daily lives of students in Aizawl, including their learning, emotions, and feelings about the future.

Objectives of the Study

1. To document the challenges faced by college-going students in Aizawl during COVID-19 lockdowns and campus closures.
2. To identify the academic, familial, social, financial, and emotional stressors shaping students' learning and development.
3. To propose institutional and policy measures for promoting mental health and educational continuity among youth.

Data and Methodology

This study adopts qualitative research approach aimed at exploring the students' experiences. A case study design was employed, utilizing semi-structured interviews to collect data from five college-going students (both male and female) who consented to participate were interviewed using semi-structured guides. Purposive selection was used to include diversity in household composition and socio-economic circumstances. Interviews covered themes of academic adaptation, family dynamics, housing conditions, health concerns, and coping strategies. Case studies were compiled from first-person accounts, and analysis used thematic coding to identify cross-cutting patterns relevant to psycho-social well-being and educational participation. The interviews were conducted in both the local language and English; the responses in Local language were subsequently translated and transcribed into English for analysis

Data Analysis

The collected data from semi-structured interviews were analyzed by using a thematic analysis approach. Case studies were compiled from first-person accounts, and analysis used thematic coding to identify cross-cutting patterns relevant to psycho-social well-being and educational participation.

Validity

To ensure the validity of the data, measures like conducting interview in a semi-structured and consistent manner, ensuring that all the respondents were asked the all questions in sequent.

Ethical consent

The study was conducted in accordance with the ethical guidelines for research that is involving with the human subjects as given by the department of Social Work.

The case studies reported here were collected with informed consent and have been paraphrased to protect confidentiality.

Findings of the Study

Case 1 Ms (Ruati): Family Conflict and a Parent's Alcohol Dependence

Ms. Ruati 20-year-old woman living with her parents and three younger siblings described a sharp deterioration in the home atmosphere during lockdown. Her father, a daily-wage construction worker with longstanding alcohol dependence, lost his income and experienced withdrawal when liquor became scarce. Hospital visits occurred when symptoms grew severe. Financial strain compounded irritability; arguments between her parents became frequent, family meals were irregular, and the student felt trapped in an environment devoid of calm. With limited opportunities to leave home or meet friends, she developed insomnia, persistent worry, and pronounced mood swings. The account highlights how economic shock and substance dependence in a caregiver can interact to destabilize the household and erode a young person's capacity to study and regulate emotion (Whittle et al., 2013; Hossain et al., 2020).

Case 2 Mr. Ruata: Overcrowded Housing and Cognitive Overload

Mr. Ruata 22-year-old man shared a small rented flat with parents, grandparents, an older sister, and two younger brothers. With only one bedroom and a compact living area, the family had long coped with crowding; confinement turned this into unrelenting proximity. The student reported constant noise, a lack of privacy, and no dedicated study space. He experienced difficulties focusing on readings, avoided previously enjoyable music, and described fluctuating motivation. The narrative illustrates how material constraints—especially inadequate space—have cognitive and emotional consequences for students tasked with online learning and self-directed study (Anwar & Adnan, 2020; Wegner & Flisher, 2009).

Case 3 Ms. Pui: Pre-existing Mental Illness in Conditions of Restricted Care

Ms. Pui 23-year-old woman with a history of anxiety and post-traumatic stress disorder recounted an escalation of symptoms during lockdown. Despite adequate physical space at home, she could not access regular in-person psychiatric care, and telehealth options were limited. She experienced palpitations, headaches, intrusive suicidal thoughts, and disordered sleep. Faith-based practices such as prayer offered partial relief but did not suffice. Though she did not attempt self-harm, the intensity of ideation was alarming. The case underscores the vulnerability of youth with pre-existing disorders when routine services are disrupted, and it emphasizes the need for continuity of care during emergencies (Hawke et al., 2020; Young Minds, 2020).

Case 4 Mr. Mama: Substance Use in the Household and Secondary Trauma

Mama 21-year-old nursing student lived with her mother and two elder brothers, both injecting drug users and school dropouts. The death of her father in early childhood had left the mother as sole provider. Lockdown disrupted substance supply, leading her brothers into withdrawal and precipitating conflict. The student's sleep became fragmented, her temper shortened, and she coped by excessive phone use that interfered with study. Worries about the family's future weighed on her constantly. This case exemplifies secondary trauma among non-using household members and the spillover of addiction-related crises into academic functioning (Hossain et al., 2020; Whittle et al., 2013).

Case 5 Mr. Kima: Poverty, Caregiving Burden, and Limited Connectivity

Mr. Kima 21-year-old man resided with grandparents and siblings in a small rented home with two bedrooms and a combined kitchen–living area. Both grandparents, elderly and chronically ill, required significant care, much of which fell to his mother. Food insecurity flared at times; the family relied on local task force assistance. Without Wi-Fi at home, mobile data had to be conserved for online classes, limiting social connections. The student reported prolonged worry, palpitations, and sleeplessness; his concentration faltered, and the desire to leave home to “clear the mind” was difficult to satisfy. The intersection of poverty, caregiving responsibilities, and digital exclusion illustrates how multiple disadvantages converge to threaten educational continuity and mental health (Kapasias et al., 2020; Debbarma & Durai, 2021).

Analysis of the Case Studies

Across cases, five interlinked themes emerged. First, family conflict rose under the combined pressures of income loss and confinement. In households with alcohol or drug dependence, withdrawal and instability heightened volatility, leaving students exposed to unpredictable affective climates (Whittle et al., 2013). Second, housing constraints—especially overcrowding and the absence of quiet study space—impaired concentration, increased irritability, and made sleep hygiene difficult. The cognitive load of learning in a noisy environment, without boundaries between school and home, was repeatedly noted (Anwar & Adnan, 2020; Wegner & Flisher, 2009).

Third, students with pre-existing mental health conditions faced escalations in symptoms amid service disruptions. Loss of routine care, interruptions in medication, and limited access to counselling increased risk; the perceived impossibility of help worsened despair (Hawke et al., 2020; Young Minds, 2020). Fourth, substance use in the family had ripple effects: when addicted members could not access substances, their

withdrawal and distress were externalized through conflict and neglect, deepening the burden on other household members (Hossain et al., 2020). Finally, poverty and food insecurity intersected with the digital divide. Students without reliable devices or broadband struggled to keep up; conserving mobile data for lectures reduced access to friends, recreation, and informal support. These constraints translated into feelings of entrapment and fatigue (Kapasias et al., 2020; Hasan & Bao, 2020).

Discussion

These case studies illustrate how structural determinants like housing, poverty, and health services can shape the emotional climate in which learning takes place. When a parent's income disappears and substance dependence flares, the home becomes less predictable; for students, the demands of online coursework are more difficult to meet. Where there is only one room to share, the boundary between study, rest, and family life dissolves. These conditions are not idiosyncratic; they mirror trends observed in multiple settings in India and abroad (Aucejo et al., 2020; Kapasias et al., 2020).

The narratives also demonstrate that access to care is pivotal. For the student with PTSD, symptom escalation was tied to the inability to consult clinicians. This aligns with broader concerns that mental health services were diverted, paused, or moved online without sufficient preparation or coverage, leaving many young people adrift (McGorry, 2020; Young Minds, 2020). At the same time, the protective role of families and communities remains crucial. Supportive parenting and optimistic family communication are associated with lower depression and better coping among adolescents (Piko et al., 2013; Whittle et al., 2013).

Educationally, the shift to online formats requires more than technology; it demands instruction adapted to students' circumstances. Evidence from Peking University and other institutions points to the importance of clear expectations, chunked content, regular check-ins, and assessment flexibility (Bao, 2020; Cook, 2009). For students lacking internet or devices, offline alternatives and asynchronous options are equity essentials (Hasan & Bao, 2020; Kapasias et al., 2020).

Suggestions for Policy and Practice Implications

An integrated response to support youth mental health during the COVID-19 pandemic is needed at multiple levels. At the individual level, students should have access to confidential counselling through college counselling cells, tele-counselling, and after-hours support (YoungMinds, 2020; McGorry, 2020). Workshops on self-care, such as sleep hygiene, stress management, and digital wellness, can help

build coping skills, while mindfulness and peer support activities may be included in tutorials (Ye et al., 2020). Flexible deadlines and alternative assessment formats should also be provided for students with heavy family responsibilities (Aucejo et al., 2020). At the family level, counselling and mediation services should be available for families experiencing conflict, including crises related to substance use, with support from community organizations (Whittle et al., 2013; Hossain et al., 2020). Parents should also be guided on how to support study routines, validate emotions, and recognize signs of distress (Piko et al., 2013). At the institutional level, faculty and staff can be trained in basic mental health first aid and referral processes, while adopting classroom practices that normalize help-seeking (Hertz & Barrios, 2021). Online learning should be redesigned with equity in mind, using lightweight materials, clear pacing, and offline packets where needed (Bao, 2020; Hasan & Bao, 2020). Institutions should also create safe, socially distanced study spaces for students who lack quiet rooms at home (Lee, 2020). At the community level, schools should collaborate with churches, youth clubs, and NGOs to extend outreach, identify at-risk students, and provide holistic support (Hertz & Barrios, 2021). Finally, at the policy level, education recovery plans must integrate student mental health supports, with funding allocated for counsellors, social workers, and training programs (Ross et al., 2020; WHO, 2020).

Implications for Social Work Practice

Social workers often work with schools, health services, and families, so it is important to provide well-coordinated support. Colleges should have counselling units connected to hospitals, helplines, and trusted NGOs, so students can get the right help easily. Social workers can also create short group programs to teach students skills for managing emotions and solving problems.

Conclusion

This study shows that when education shifts to home during a crisis, existing inequalities become very important in determining which students can keep up and which struggle. Factors like family conflict, crowded homes, pre-existing mental health issues, substance use in the household, and poverty make it harder for young people to manage their emotions and focus on learning. However, these challenges also suggest solutions. Coordinated counselling, teacher training, partnerships between schools and communities, and inclusive teaching methods can help protect students' well-being and support temporary resilience during long disruptions (Hertz & Barrios, 2021; Ross et al., 2020). Focusing on mental health in education is not optional—it is essential for preparing the next generation for adulthood in an uncertain world (Deci & Ryan, 2008; Ryff, 2014; WHO, 2020).

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