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## A STUDY ON POST COVID TRAUMA CARE FOR STUDENTS

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### ABSTRACT

Schools have faced previously unheard-of difficulties as a result of the worldwide COVID-19 pandemic, including the need to swiftly move to an online format, ensure that all students have fair access, support teachers' and students' educational needs, and make plans in the face of significant uncertainty. The epidemic itself has generated a lot of anxiety, tension, and sorrow. Anybody can have mental health issues due to these pressures, and those who may already be dealing with such issues may experience acute symptoms as a result.

Some of the common signs that instructors could look for in order to spot pupils who are having mental health issues might not be present. It's possible that some professors aren't actually meeting with kids. The same student drop-ins might not occur for all teachers. The disguised faces of kids may be invisible to certain professors. Teachers may therefore be concerned about their pupils' progress or level of difficulty, particularly in the case of emotional issues.

Here, we discuss the methods teachers might employ to spot pupils who may want more help, particularly in the case of anxiety and depression, which can sometimes go unnoticed even in the best of situations.

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**Keywords:** School, teacher, Covid, Students, Mental, Health

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### 1. INTRODUCTION

Through comprehensive screening of the student population, schools can find children who may be struggling with anxiety or depression. Teachers and children fill out quick surveys about the feelings and classroom behaviour of primary school kids as part of screening. The majority of screening at the middle and high school levels depends on student questionnaires asking about the frequency or seriousness of any emotional difficulties.

Additionally, teachers may be requested to suggest pupils who exhibit extreme anxiety or consistent sadness. For stages of online training, it is more acceptable for students to complete surveys using online, secure questionnaires than than utilising paper-and-pencil surveys. The results of these surveys are used by school mental health professionals (such as counsellors and school psychologists) to identify pupils who seem to be at risk for experiencing anxiety or depression disorders. To ascertain whether these at-risk students' mental health issues are persistent, the questionnaire may occasionally be given to them again a few weeks later.

Prior to the COVID-19 pandemic, screening may be expected to identify 15 to 20% of students as needing help (Dowdy et al., 2015); however, this proportion will probably definitely be greater given the probable emotional repercussions of the pandemic.

By helping to establish systematic screenings, mental health professionals who work in schools may directly support kids who may be at risk for emotional problems. While facilitating each child's optimal development is the ultimate objective of every school-based helping profession, there are differences in the duties that each expert plays.

Teachers, for instance, are the experts most familiar with children's typical actions throughout the screening process since they interact with them on a regular basis. As a consequence, keen instructors may be able to spot little alterations in kids' everyday moods, routines, and academic practices.

A second expert (i.e., school psychologist) generally administers rating scales such as the Behavioral Assessment System for Children-Third Edition (BASC-3) or the Behavioral and Emotional Screening System in order to examine teachers' concerns about problem behaviour in greater detail (BESS). These types of measures are used by school psychologists to gather information from a variety of sources, including parents, teachers, and students themselves. Normally, at-risk students are referred to the school counsellor by the school psychologist.

School counsellors may choose to conduct an additional round of screening as part of this tiered screening approach before implementing interventions by using a more specific rating scale in an area that has been identified as at risk (Erickson & Abel, 2013). For instance, if a kid was recognised as being at risk for attention issues, the school counsellor may give them the ADHD Rating Scale-5, which can be used to recognise individuals who fit the criteria for attention deficit/hyperactivity disorder as defined by the DSM-V. (ADHD; DuPaul et al., 2016).

The present study investigated two broad topics on COVID-19 school re-entry in the Canadian context since there is much interest in the mental and behavioural health of children when they re-engage with their schools, curricula, instructors, and peers: (2) How is student COVID-19-related stress correlated with and predictive of self-reported mental health indicators (e.g., conduct, negative affect, cognitive/attention)? These questions address the lived experiences of secondary students in relation to COVID-19, including their concerns about personal, family, and national health as well as their schooling experience both now and during lockdown.

### Events across the world and adolescent mental health

Despite the paucity of the research, it is crucial to take into account how prior national and worldwide natural catastrophes and events have affected and are presently impacting teenagers as we work to comprehend the possible effects of COVID-19 on youth mental health and well-being. Previous research in this field has a tendency to focus on dependable areas of developmental psychology investigation, such as the age and gender disparities that are typical in response to substantial stresses (e.g., Dunn et al., 2017). Only a tiny amount of research examined stress reactions in relation to health-related catastrophes prior to the worldwide pandemic, and much of this study concentrated on how young people respond to trauma given that these calamities similarly include significant community effect, mortality, and unpredictability, and although differing from a pandemic in many ways (e.g., degree of separation and isolation, necessary quarantine), they are nevertheless useful in the COVID-19 setting (Sprang & Silman, 2013). Studies examining teenagers' reactions to natural catastrophes in the past have usually revealed that certain subgroups' mental health declined after the incident, associated with natural disasters such as hurricanes, tornadoes, floods, and fires.

For instance, research looking into the aftermath of Hurricane Katrina discovered that teenage girls reported greater rates of re-experiencing and avoidance than men, as well as considerably higher symptoms of depression and posttraumatic stress disorder (PTSD) (Kronenberg et al., 2010). Female teenagers have also been reported to exhibit higher levels of distress 28 months after experiencing a disaster, suggesting that gender disparities persist over time (Bokszczanin, 2007). These results, meanwhile, are not seen consistently throughout the literature.

For instance, following a tornado outbreak in significant areas of the United States, Adams et al. (2014) did not discover a difference in the proportion of males and females who satisfied the criteria for a diagnosis of PTSD. Sprang and Silman (2013) looked at teenage responses to the 2009 H1N1 pandemic, despite the fact that few research particularly address children's traumatic stress reactions to previous pandemics. They discovered that over one-third of kids who were isolated or quarantined showed symptoms that exceeded the general diagnostic criterion for PTSD using parent-reported symptoms; no gender differences were discovered.

The body of research on the mental health of teenagers during the COVID-19 pandemic is expanding quickly now that the epidemic has been going on for over a year (Racine, Cooke et al., 2020). Concerning evidence has been revealed in recent studies and surveys conducted during the epidemic on how kids are handling and adjusting to school closures, physical segregation, and quarantining time at home. Food instability, deficits in numeracy and literacy, unstable internet connectivity, and insecure housing conditions have reportedly been described as the new normal (Van Lancker & Parolin, 2020), while others believe that the COVID-19 epidemic may cause children and teens to feel more stressed and anxious (Orgiles et al., 2021; Xie et al., 2020). Closer to home, a recent national study of young people in Canada (aged 10 to 17) revealed that a sizable number of them gave typical replies when asked about their thoughts, experiences, and opinions on COVID-19. For instance, many teenagers stated that they were typically bored (71%), felt somewhat normal (41%), missed their friends (54%), were academically uninspired (60%) and overall disliked their current social isolation (57 percent; Korzinski, 2020). Thus, early Canadian results often depict teenage responses to significant changes in their social, family, and educational contexts that are both expected and developmentally acceptable, rather than providing signs of an impending mental health catastrophe. Due to the fast spread of COVID-19, several schools in North America were physically shuttered in March 2020 as a precaution. Many students across grade levels found it challenging to adjust to this abrupt change from physical school attendance and regular connection with peers and instructors to online learning and isolation at home (Magson et al., 2020). Years of study have supported the idea that physical school attendance has a positive impact on teenage mental health. For instance, there is a bidirectional relationship between absenteeism and poor mental health, with chronic absenteeism having a negative impact on children's and adolescents' physical and mental health outcomes and poorer reported mental health in adolescents leading to increased absenteeism (Lawrence et al., 2019). (Wood et al., 2012). The fact that several children and teens also receive mental health assistance while they are physically present at school serves as more evidence of the significance of attending school in person (Duong et al., 2021).

Teenagers go from predominantly spending time with their parents to spending more time with peers during adolescence, which has been acknowledged as a crucial phase for the formation of social interactions and the desire for peer contact (Meuwese et al., 2017; Steinberg, 2020).

Additionally, going to school and feeling connected to it have been found to protect kids and teenagers against a variety of negative physical and mental health effects (Bond et al., 2007). Adolescents spend a lot of time with their friends at school, therefore the switch to online learning in March 2020 may have been more challenging and perhaps harmful to teenage mental health and resilience in particular owing to these variables.

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## 2. FINDINGS

The present study aimed to collect responses from students regarding their feelings about COVID-19 and related health and protective behaviours, their stress related to COVID-19, and their self-reported mental health in order to ascertain how COVID-19 has affected adolescents' mental health and well-being. Based on prior disaster-related literature and emerging COVID-19 findings, it was anticipated that most students would report that they had adjusted to the closure of their schools appropriately, that COVID-19 stress had had a mild to moderate impact on them, and that their levels of social, emotional, and behavioural functioning were moderate but clinically insignificant. We predicted that, in line with prior research, females and older youth would report higher levels of stress and symptoms of mental health issues, and that those who reported higher levels of self-reported stress would also report higher levels of poor mental health. Stress caused by COVID was predicted to significantly and negatively affect mental and behavioural health outcomes, even after adjusting for age and gender.

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### 3. CONCLUSION

Traumatic experiences put students at risk of psychological disturbance. Uncertain pandemic evolution might have long-term negative implications on mental health. In order to regulate and lessen the burden of psychological issues, it is necessary to research the most efficient methods for identifying susceptible populations and to prepare for both acute and long-term psychological services.

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