



Post-Pandemic Mental Health in Schools: Challenges and Resources

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Abstract

The chapter delves into the profound implications of the global pandemic on the mental health of school-going individuals and assesses the preparedness and efficacy of schools in addressing these challenges. Post-pandemic, schools have not just been academic institutions, but also epicenters for mental health concerns and recovery. Notably, there has been an uptick in reported cases of anxiety and depression among students (Seens, et al., 2022). These disruptions to students' well-being can be attributed to educational status, developmental age, being economically underprivileged, being quarantined due to infection, and fear of infection (Singh, et al., 2020). The chapter also evaluates the availability and efficacy of mental health resources within school settings. Preliminary findings suggest a considerable disparity in the access to and quality of mental health resources across schools, with underfunded institutions facing significant challenges (Saxena, et al., 2007). However, where resources have been made available, there has been a demonstrable positive impact on student well-being, engagement, and academic performance (Suldo, et al., 2013). The chapter underscores the necessity for schools to prioritize mental health, advocate for appropriate funding, and continually assess and adapt their mental health strategies

INTRODUCTION

The increase in mental health issues among students that occurred after the COVID-19 pandemic has been the subject of much research and sincere concern. The consequences of extended periods of seclusion, sudden shifts to online instruction, and generalized anxiety and fear have materialized in a range of mental health issues that impact students of all ages and backgrounds.

Studies have shown that the pandemic has had a significant negative impact on students' mental health, with rates of anxiety, depression, and other mental health disorders rising significantly (Pfefferbaum & North, 2020). Between 10% and 20% of children and adolescents had mental health disorders prior to the pandemic; this number has dramatically increased in the post-pandemic era (Merikangas et al., 2010). In addition to creating new instances of mental health

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disorders, the global health crisis has made pre-existing mental health problems worse.

There has been a noticeable rise in anxiety disorders, specifically among students. Excessive fear, worry, and associated behavioral disturbances are hallmarks of anxiety and related disorders, which can have a substantial negative influence on a person's everyday functioning and quality of life (American Psychiatric Association, 2013). According to a study done in the US, anxiety symptoms have doubled in rates among kids and teenagers since the pandemic, with 22.6% of the students surveyed showing clinically significant anxiety (Loades et al., 2020). This increase in anxiety symptoms has been linked to several factors, including routine disruption, worries about one's own and one's family's health, uncertainty surrounding the pandemic, and the shift to online learning.

Another major area of concern has been depression, with multiple studies indicating a marked rise in depressive symptoms among students. A person's capacity to function in daily life is severely hampered by depression and related disorders, which are a spectrum of mood disturbances marked by pervasive feelings of sadness, loss of interest, and a variety of emotional and physical symptoms (American Psychiatric Association, 2013). According to a cross-sectional survey carried out in several nations, the prevalence of depressive symptoms in kids and teens varied throughout the pandemic, depending on the area and how severe the COVID-19 outbreak was there (Racine et al., 2021). The decline in physical activity, social isolation, and the overall climate of uncertainty and fear has all contributed to the worsening of depression symptoms.

Increased screen time and sleep disruptions have also been noted as significant problems in the post-pandemic phase. Screen time has increased due to the sudden shift to online learning and increased reliance on digital devices for entertainment during lockdowns. This has been linked to shorter sleep duration and poorer sleep quality (Chen et al., 2021). Sleep is essential for emotional and cognitive regulation, and sleep patterns that are disturbed can have a domino effect on students' academic performance and mental health.

Adolescent drug use rates have also increased due to the pandemic. The harmful or dangerous use of psychoactive substances, such as alcohol and illegal drugs, can result in addiction, changed behavior, and a variety of related health problems. This is known as substance abuse and related disorders (World Health

Organization, 2018). According to a Canadian study, alcohol, cannabis, and e-cigarettes were the substances most frequently used by high school students during the pandemic, with 24 percent of them reporting an increase in their use (Duan et al., 2020). Some have suggested that the main causes of this rise in drug use are the stress and anxiety brought on by the pandemic and the convenience of being at home, which increases accessibility.

Additionally, eating disorders have increased. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are examples of eating disorders that involve persistent disruptions in eating behaviors along with accompanying distressing thoughts and emotions. These disorders can have a major impact on daily functioning and physical health (American Psychiatric Association, 2013). A study conducted after the pandemic started found that hospital admissions for eating disorders in adolescents increased by 25% (Lui et al., 2021). Eating disorder behaviors have been linked to many factors, including the stress caused by the pandemic, routine disruptions, and an increased emphasis on food due to stockpiling and shortage fears.

This increase in anxiety and depression among students has far-reaching effects on many aspects of life and wellbeing. Students are found to be significantly behind in school, with noticeable impairments in cognitive abilities like engagement, memory, and concentration. Social effects of the deterioration of interpersonal skills and the incapacity to establish and sustain healthy relationships may persist well into adulthood. From the standpoint of physical health, there is ample evidence linking mental health disorders such as depression and anxiety to a wide range of physical illnesses. These illnesses are linked to a higher risk of diabetes, heart disease, weakened immune systems, and other illnesses. Because of the complex relationship between mental and physical health, mental health care must be provided in a holistic, all-encompassing manner that prioritizes early intervention, ongoing support, and the development of coping mechanisms to help patients get through these trying times.

Learning Disabilities Before and After the Pandemic

Learning disorders, a subset of neurodevelopmental disorders, severely hinder an individual's capacity to learn and use skills in reading, writing, math, and coordination, among other domains. One of the most prevalent kinds, dyslexia,

causes significant difficulties with letter recognition and word decoding and impacts speech, spelling, and reading comprehension (Klien&Shaywitz, 2005). Dysgraphia affects writing abilities, making it difficult to form letters or write in a specific space. Dysgraphia and dyslexia frequently co-occur (Berninger& Richards, 2002). According to Geary (2004), dyscalculia impairs mathematical aptitude and causes problems with number comprehension, value concepts, and arithmetic operations. According to Rourke (1989), non-verbal learning disability (NVLD) impairs motor coordination and social skills, making it difficult to interpret non-verbal cues and possibly clumsy. Visual and Auditory Processing Even in cases where hearing and vision are normal, disorders affect the ability to comprehend and process auditory and visual information, making it difficult to discern minute variations in sounds and interpret visual cues (Roberts, 1997).

Students with learning disabilities already faced discrimination in conventional educational settings prior to the pandemic. To meet their specific learning needs, they frequently needed individualized lesson plans, specialized training, and extra resources. In India the Rights of Persons with Disabilities Act, 2016, which emphasizes the value of inclusive education and requires the provision of appropriate accommodations, requires legal protections and individualized educational support for Indian students with learning disabilities. Schools are encouraged to create Individualized Education Plans (IEPs) to ensure customized support and interventions for these students, given their unique learning needs (Ministry of Law and Justice, 2016; Sharma &Deppeler, 2015).

Students with learning disabilities encountered many obstacles even in the presence of support, such as stigma, a lack of comprehension from peers and teachers, and insufficient resources (Fletcher et al., 2019). In order to meet the various needs of these students, intervention strategies such as differentiated instruction, multisensory teaching methods, and assistive technology tools were frequently used (Clearinghouse, 2009).

For students with learning disabilities, the pandemic's abrupt switch to online instruction created special difficulties. As access to essential technology and internet connectivity became requirements for education, the digital divide became evident (Van Lancker&Parolin, 2020). Students with learning disorders lost access to essential in-person support and resources when schools were closed.

Unexpectedly thrust into the role of educators, parents and other caregivers frequently lacked the education or resources needed to effectively meet the individual learning needs of their children (Jones et al., 2021). Though they weren't always useful or accessible for students with LD, educational institutions scurried to adapt and developed online resources and virtual support mechanisms (Rose et al., 2020).

The support systems for students with learning disabilities need to be reevaluated and adjusted as the world gradually recovers from the pandemic. The lessons learned during the pandemic must be applied by educators and legislators to build more adaptable and inclusive learning environments. Combining online and in-person instruction, hybrid learning models have demonstrated promise in meeting a range of learning needs (EdSource, 2021). It is essential to guarantee that every student has access to the required technology and internet connectivity. To provide students with LD with the support they need, schools must invest in assistive technology and training (National Center for Learning Disabilities, 2021).

Identifying Vulnerable Groups:

It is becoming clear that some student demographic groups are more vulnerable to mental health issues during these trying times. Vulnerability is shaped by the complex interactions between individual traits, developmental stages, and socioeconomic factors.

Low-income students have been disproportionately impacted by the pandemic. These students' stress and anxiety have increased due to a lack of resources, such as technology for remote learning, a peaceful and comfortable home environment for learning, and the financial instability brought on by the pandemic (Stevens et al., 2020). Students' mental health is further exacerbated by the fact that families from lower-income backgrounds are more likely to face job loss, food insecurity, and housing instability (Johnson et al., 2021).

Adolescents and teens are in a crucial developmental stage when it comes to their emotional and social growth. Their routine social interactions, which are essential for a child's healthy emotional development, have been disturbed by the pandemic's imposition of social distancing and isolation (Gotlib et al., 2020). Due to school closures and limited social interactions, adolescents' sense of belonging, identity formation, and support are all dependent on their peer relationships, all of which have been compromised.

Teenagers are experiencing higher levels of anxiety, despair, and loneliness due to these disruptions (Fraga et al., 2020).

Pupils switching from elementary to middle or middle to high school have encountered difficulties. Since these transitional periods entail adjusting to new surroundings, expectations, and social dynamics, they are by nature stressful. The uncertainties and disruptions caused by the pandemic have increased stress levels, which may increase anxiety and other mental health problems (García-Carrión et al., 2020).

During the pandemic, students from diverse student populations—such as students of color, LGBTQ+ students, and students with disabilities—have felt more vulnerable than ever. In the context of the pandemic, the stresses brought on by systemic racism, discrimination, and inadequate support have been amplified, increasing the risk of mental health disorders in these groups (Poteat et al., 2020). Disruptions in the support systems of students with disabilities, especially those who depend on school-based services, have made them more vulnerable to mental health problems (Murphy et al., 2020).

The transition to remote and hybrid learning models has put students under more strain. Students are experiencing more feelings of overwhelm, frustration, and anxiety due to a lack of a structured learning environment, challenges adjusting to online learning platforms, and limited access to academic support (Rogers & Macleone, 2020). Students now face an even greater mental burden as they adjust to these new learning modalities due to the blurring of boundaries between home and school.

Students' mental health is influenced by the mental health of their parents and other family members. Students' stress levels may unintentionally be raised by families coping with pandemic-related stressors of their own, such as job loss, health anxieties, and general uncertainty (Prime et al., 2020). Having supportive parents and having open lines of communication within the family are important protective factors for students' mental health.

The complexity and inequalities in the state of schoolchildren's mental health have been brought to light by the worldwide pandemic. Vulnerability has many facets due to the intersections of individual traits, developmental stages, and socioeconomic factors.

Psychological Effects of Being Quarantined

The global pandemic has prompted the imposition of quarantine measures to contain the virus, which has unintentionally caused a multitude of psychological ramifications for people. The effects have been especially noticeable for those who attend school, having an impact on their general well-being, social interactions, and mental health.

By isolating and limiting the mobility of individuals who may have been exposed to a contagious disease, quarantine is a public health measure used to stop the spread of disease (Brooks et al., 2020). Although it is an essential precaution to safeguard public health, its psychological effects cannot be disregarded. A multitude of mental health problems are exacerbated by the length of the quarantine, the fear of infection, and the subsequent social isolation.

One of the main aspects of quarantine is isolation, which can cause depressive, anxious, and lonely feelings. Participants who were quarantined during the SARS outbreak reported having post-traumatic stress disorder (PTSD) and depression symptoms, according to a study by Hawryluck et al. (2004). Anxiety and depression symptoms are exacerbated by a sense of loss and emptiness brought on by the abrupt change in daily routines and the absence of social interactions. Furthermore, because they are going through a critical period in their social and emotional development, the effects on children and adolescents are especially worrisome. According to a study by Loades et al. (2020), loneliness and social isolation raised the risk of depression and had long-lasting effects. During a quarantine, specific interventions and support are needed to ensure the mental health of students.

During a pandemic, there is widespread concern about contracting an infection, which raises anxiety and stress levels. An atmosphere of fear and panic is produced by the virus's unpredictability as well as the continuous flood of information—both accurate and false. According to research in the *Journal of Anxiety Disorders* (Taylor et al., 2020), health anxiety and obsessive-compulsive symptoms increased when a person was afraid of getting sick. This fear can show up in a variety of ways for students, which can negatively impact their ability to focus, sleep, and general wellbeing. Their fear of contracting the virus and their anxiety about going back to school may cause them to engage in avoidance behaviors, which will further isolate them from their friends and support systems.

During a pandemic, the media play a critical role in informing the public and spreading information. On the other hand, anxiety and stress may increase if one is constantly exposed to news about pandemics. Psychological load is increased by information overload and the difficulty of distinguishing fact from fiction. The media is essential for educating the public and disseminating information during a pandemic. On the other hand, if someone is continuously exposed to news about pandemics, anxiety and stress levels may rise. Information overload and the challenge of telling fact from fiction add to psychological load.

Addressing fear of infection in schools

The anxiety surrounding viral infections in schools goes beyond the possible negative effects on one's physical health; it also includes the emotional pain that accompanies this anxiety. Anxiety about exposure, situational uncertainty, and potential risks associated with face-to-face interactions are persistent challenges faced by educators, staff, and students (Lally et al., 2020). There is an urgent need for interventions and support because this state of perpetual vigilance and fear has been linked to higher levels of stress, anxiety, and other mental health disorders (Jones et al., 2021).

Addressing the fear of infection in schools requires effective communication. Students, teachers, and staff can feel less anxious and more in control of their education and preparedness if they are given timely, accurate, and clear information about the risks involved as well as the protocols in place (Greenberg et al., 2020). It is also critical to create robust support networks within the school community. The negative effects of infection fear and quarantine restrictions can be reduced by providing counseling services, mental health resources, and an environment that is inclusive and supportive (Loades et al., 2020).

Addressing the fear of infection in schools requires fostering resilience and encouraging useful coping mechanisms. According to Wang et al. (2020), promoting positive behaviors like consistent physical activity, eating a balanced diet, getting enough sleep, and engaging in mindfulness practices can strengthen resilience and give people the skills they need to get through these trying times. Additionally, incorporating resilience-building exercises and coping strategies into the curriculum can give students the tools they need to proactively manage their fears and anxieties (Zhou et al., 2020).

The learning process and educational outcomes are impacted by the fear of infection and the related mental health issues. Anxiety and stress can cause

disruptions in focus, motivation, and engagement, which can impair academic performance and overall educational attainment (Li et al., 2020). Therefore, addressing these mental health issues and reducing the fear of infection is not only essential for the wellbeing of individuals in the school community, but also for guaranteeing the best possible learning environments and academic success (Rusch et al., 2021).

It is imperative that we take a comprehensive and proactive approach to addressing the fear of infection and its psychological effects in schools as we move through these extraordinary times. Crucial first steps in this direction include funding mental health resources, building resilient school communities, and guaranteeing access to support services. Furthermore, it is imperative to conduct continuous research and evaluation of interventions and strategies to modify and customize approaches to suit the distinct requirements of various school communities (Liu et al., 2020).

Current State of Mental Health Resources in Schools

Children spend more time in school than in any other formal institutional structure (Rutter, 1979). These institutions play an important role in the holistic development of the child starting from friendships and social relationships to physical, moral and emotional development along with academic achievements (Fazel, 2014).

All these seem to have a direct or indirect relationship with mental health which now has been understood and recognized by many schools and other educational institutions. With much certainty and research data backing this statement, we can say that there has been a significant increase in the state of mental health resources in schools.

The Covid-19 pandemic despite taking so many lives and putting millions of family in a very distressing and devastating position, did help us understand the importance of mental health. This awareness has led to a lot of educational institutions prioritize the mental health of their students and employees along with their physical health and academic performance (Zhai & Du, 2020).

There has been an increase in the recognition of the importance of mental health in the educational setting where we now have many educational institutions prioritize mental health as a vital component of students' wellbeing and academic success. Schools seem to have adopted several

preventive school-based mental health interventions that have proven to have some level of efficacy like the Positive Behaviour Interventions and Supports (Foster et al., 2005), Skills for Life (Langley, 2010) and Mind Matters (Wyn et al., 2000).

The next major focus of mental health resources in school starts with having student counsellors in educational institutions. They can provide access to prevention programs, early identification of mental health challenges, and treatment options. Along with this they also provide professional support to children dealing with mental health challenges like anxiety, depression and stress. In India, The Central Board of Secondary Education (CBSE) recommends that all secondary and senior secondary schools should employ a counsellor and engage in psychological exercises toward building students' self-concept, self-image, and the ability to withstand pressures.

Schools also seem to have taken the initiative into integrating mental health education that teaches students about coping strategies and mental health in order to promote a more understanding and supportive environment (Atkins, 2010).

Schools also conduct mental health screenings to identify and help students who maybe in need of additional support. This agenda, despite being in its early stages, when implemented with careful planning offers a number of benefits including enhancing outreach and helping youths in need of extra support, and mobilizing school and community efforts to promote student mental health while reducing barriers to their learning (Weist, 2007).

Schools are also taking initiatives to implement peer support programs where students are trained to help their peers by offering peer support. Cross-age mentoring programs are seen as a form of peer support. Cross-age here refers to mentoring programs where an older student is matched with a younger student. The younger student is guided and supported in academics and social development. Such programs have been found to improve the younger student's social skills, willingness to follow rules, overall sense of self-worth, and school competence (Karcher, 2005). Peer support has also helped improve the availability, accessibility and appropriateness of social and personal support among school children (Dillon, 2007).

The Covid-19 pandemic has increased the use of online mental health resources in schools, with schools now offering online counselling services making it available and accessible for hard-to-reach students. The transcended space of online forums makes it

easier for everyone to have access to its sources. There has been an increase in the number of counsellors providing counselling through the Internet. However, there are mixed findings regarding the effectiveness of online counselling when compared to traditional face-to-face counselling and other modalities (Zeren, 2020).

Apart from these, schools also have tailor-made programs for students with special needs, this helps the organization and teachers recognize that some students may require special care and individualized interventions. Children of school age with social communication problems form a growing population in need of speech-language intervention (Adams, 2005).

The Imperative to Prioritize Mental Health in Schools

Public health emergencies like pandemics, like the Covid-19, take a toll on physical as well as mental health. Children are particularly vulnerable because of their limited understanding of the event (Imran, 2020). Hence it is extremely vital to prioritise mental health in schools. Here are more reasons as to why it's important.

Students' mental health seems to be directly related to their ability to learn, perform and succeed in school. In the modern economy, education has become an increasingly important component of human capital, and is associated with substantially higher earnings (Jaeger & Page, 1996; Kane & Rouse, 1995) and better health outcomes (Cutler & Lleras-Muney, 2006; Ross & Mirowsky, 1999). According to a study done by Eisenberg and colleagues, it was seen that depression is a significant predictor of lower GPA and higher probability of dropping out, particularly among students who also have a positive screen for an anxiety disorder (Eisenberg, 2009).

Mental health also is seen to be related to the emotional well-being of a person. Especially in students, it seems to contribute to the development of emotional resilience and coping skills necessary in order to tackle the challenges of life. A strong sense of emotional well-being also seems to boost student's self-esteem and confidence. According to Moksnes' study, there seems to exist a predictable relationship between student's emotional well-being and self-esteem where they affect each other positively (Moksnes, 2019).

A greater proportion of young people reported stigma as the largest barrier to accessing mental health services (Bowers, 2013). Teaching children from a very young age about mental health reduces the

stigma associated with it. This encourages students to seek help when needed and also indulge in open conversations about their mental well being.

In a study done by Townsend and colleagues on school climate, depression literacy and stigma on mental health among school children it was seen that overall school climate was positively associated with depression literacy and negatively associated with stigma (Townsend et al., 2017). An emphasis on mental health also contributes to a positive school climate where students feel valued, safe and supported. This also seems to increase their sense of belonging and social identity.

Students face a lot of stressors during academic life starting from forming relationships with strangers, lack of resources, academics including exam anxiety and assignment deadlines, the environment, expectations, diversity, transitions and eventually finding themselves in the process of all this. In a study by Hurst and colleagues it was seen that relationship stressors were the most commonly reported among others and covered areas including stress associated with family, romantic, peer and faculty relationships (Hurst et al., 2013). These stressors seem to have an impact on the mental health of students. Teaching students at a young age to face or deal with these stressors help them manage future obstacles in their personal as well as professional life. Apart from this, it will also help them navigate the challenges of adulthood.

Addressing mental health in schools seems to prevent the further development of more serious mental health issues. During the Covid-19 pandemic it was seen that schools which prioritised mental health from the very beginning was better prepared to support students who were likely to experience problems related to mental health.

Mental health, like physical health seems to be an integral part of an individual's overall well-being. Prioritizing this in school teaches not only students but also the teachers, parents and the greater society that students' well being is not just determined by their academic achievements but also by their mental health, peace and happiness.

Schools or any educational institute is not only seen as a place that teaches academics but also a place that promotes the mental and physical well being of students. It is an environment that fosters academic success, emotional development and resilience. It is a place that prepares students for a happier and healthier future by helping them gain

access to the tools and techniques that they need to thrive in life.

Ways teachers can support students' mental health

The Covid-19 pandemic has had a negative influence on the mental health and well-being of many children and adolescents. Teachers can start by listening empathetically to the concern of the children and communicate their understanding. This will help the children feel understood and even reassured. Teachers can have one-on-one conversations with children and if required can even schedule meetings with the parents or primary caregivers in order to discuss the mental health concern of the child.

Teachers can also check in on their students. As coming back to school from a long break, and adapting back to offline classes can be difficult for them to concentrate initially and may a lot of time to get back to routine learning. Instead of starting directly with classes, teachers can engage the students in activities that would engage their brain, like brain gym or encourage them to walk around in class and reconnect with their peers. Instead of continuous classes, 5-10min breaks in between could also help in enhancing their concentration and improving academic performance.

Returning to school from the pandemic can fill the students with a lot of questions about the pandemic and related issues. It is essential for teachers to provide them with accurate, factual information using child friendly language (Anderson, 2019). Teachers must also emphasize on the precautions that have been taken to reduce the risks and the safety measures.

Teachers can also welcome suggestions from students on how to build a more welcoming and safe back to school environment. This can make them feel involved in classroom activities and decision making and also indirectly contribute to their enhancement of self-efficacy (Cowen, 1991). They can contribute by making welcoming posters and charts, help other children catch up on the missed portions by forming small supportive groups. It is essential for the teachers to support and appreciate their effort irrespective of how small or big it may seem.

It is important that teachers always keep an eye out for the warning signs of child behavior that interferes with their ability to play, learn and grow. If any significant behavior change is noticed, teacher should discuss it with the school counsellor along with the child's parents. Teachers can also provide extra

support and special care if they notice that the child is struggling with learning.

A calm, honest, caring teacher who demonstrates positive attitude and coping mechanism will promote such attitude in their children and as a result the children will model such attitude and behavior.

Teachers can also include specific strategies like social and emotional learning programmes, increasing students' connection to school, building student skills in understanding and management of emotions, effective communication, and stress management (Fazel, 2014).

REFERENCES

- Adams, C. (2005, August). Social communication intervention for school-age children: Rationale and description. In *Seminars in speech and language* (Vol. 26, No. 03, pp. 181-188). Copyright© 2005 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA..
- American Psychiatric Association, D. S. M. T. F., & American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (Vol. 5, No. 5). American psychiatric association
- Anderson, M., Werner-Seidler, A., King, C., Gayed, A., Harvey, S. B., & O'Dea, B. (2019). Mental health training programs for secondary school teachers: A systematic review. *School Mental Health*, 11, 489-508.
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and policy in mental health and mental health services research*, 37, 40-47
- Berninger, V. W., & Richards, T. L. (2002). Building a Reading Brain Neurologically. *Brain Literacy for Educators and Psychologists*, 109-165. <https://doi.org/10.1016/b978-012092871-2/50006-1>
- Bowers, H., Manion, I., Papadopoulos, D., & Gauvreau, E. (2013). Stigma in school-based mental health: perceptions of young people and service providers. *Child and Adolescent Mental Health*, 18(3), 165-170.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Central Board of Secondary Education (CBSE). Life skills education in class VII. Circular no. 11/04 of 2004, http://cbse.gov.in/circulars/2004/Circulars_11.html. (accessed, 2014Jan27, 2014).
- Chen, Q., Dai, W., Li, G., & Ma, N. (2022). The impact of screen time changes on anxiety during the COVID-19 pandemic: sleep and physical activity as mediators. *Sleep and Biological Rhythms*, 20(4), 521-531. <https://doi.org/10.1007/s41105-022-00398-1>
- Clearinghouse, W. W. (2009). *Assisting students struggling with reading: Response to intervention (RtI) and multi-tier intervention in the primary grades*. The Institute of Education Sciences (IES).
- Cowen, E. L., Work, W. C., Hightower, A. D., Wyman, P. A., Parker, G. R., & Lotyczewski, B. S. (1991). Toward the development of a measure of perceived self-efficacy in children. *Journal of Clinical Child and Adolescent Psychology*, 20(2), 169-178.
- Cutler, D., & Lleras-Muney, A. (2006). Education and Health: Evaluating Theories and Evidence. NBER Working Paper #12352.
- Dillon, J., & Swinbourne, A. (2007). Helping Friends: a peer support program for senior secondary schools. *Australian e-Journal for the Advancement of Mental Health*, 6(1), 56-62.
- Duan, H., Yan, L., Ding, X., Gan, Y., Kohn, N., & Wu, J. (2020). Impact of the COVID-19 pandemic on mental health in the general Chinese population: Changes, predictors and psychosocial correlates. *Psychiatry Research*, 293, 113396. <https://doi.org/10.1016/j.psychres.2020.113396>
- EdSource. (2021). Hybrid learning models showing benefits for students with disabilities. Retrieved from <https://edsources.org/>
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The BE Journal of Economic Analysis & Policy*, 9(1).
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools 1: Mental health interventions in schools in high-income countries. *The lancet. Psychiatry*, 1(5), 377-387. [https://doi.org/10.1016/S2215-0366\(14\)70312-8](https://doi.org/10.1016/S2215-0366(14)70312-8)
- Fletcher, J. M., Lyon, G. R., Fuchs, L. S., & Barnes, M. A. (2019). *Learning Disabilities: From Identification to Intervention*. Guilford Press.
- Foster, S., Rollefson, M., Doksum, T., Noonan, D., Robinson, G., & Teich, J. (2005). School Mental Health Services in the United States, 2002-2003. Substance Abuse and Mental Health Services Administration.

- Fraga, C., Duarte-Costa, S., Costa, M. J., da Silva, S. P., & Aguiar, A. L. (2022). Adolescence in a pandemic: increased challenges?. *Nascer E Crescer-Birth and Growth Medical Journal*, 31(3), 281-292.
- García-Carrión, R., Villarejo-Carballido, B., & Villardón-Gallego, L. (2019). Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.00918>
- Geary, D. C. (2004). Mathematics and Learning Disabilities. *Journal of Learning Disabilities*, 37(1), 4–15. <https://doi.org/10.1177/00222194040370010201>
- Gotlib, I. H., Miller, J. G., Borchers, L. R., Coury, S. M., Costello, L. A., Garcia, J. M., & Ho, T. C. (2023). Effects of the COVID-19 Pandemic on Mental Health and Brain Maturation in Adolescents: Implications for Analyzing Longitudinal Data. *Biological Psychiatry Global Open Science*, 3(4), 912–918. <https://doi.org/10.1016/j.bpsgos.2022.11.002>
- Goodman R, Ford T, Simmons H, Gatward R, Meltzer H. Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *Br J Psychiatry*. 2000;177:534–39.
- Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, m1211. <https://doi.org/10.1136/bmj.m1211>
- Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS Control and Psychological Effects of Quarantine, Toronto, Canada. *Emerging Infectious Diseases*, 10(7), 1206–1212. <https://doi.org/10.3201/eid1007.030703>
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547–560. [https://doi.org/10.1016/s2215-0366\(20\)30168-1](https://doi.org/10.1016/s2215-0366(20)30168-1)
- Hurst, C. S., Baranik, L. E., & Daniel, F. (2013). College student stressors: A review of the qualitative research. *Stress and Health*, 29(4), 275-285.
- Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan journal of medical sciences*, 36(COVID19-S4), S67.
- Jaeger, D. A., & Page, M. (1996). Degrees Matter: New Evidence on Sheepskin Effects in the Returns to Education. *Review of Economics and Statistics*, 78, 733-740.
- Johnson, S. E., Lawrence, D., Perales, F., Baxter, J., & Zubrick, S. R. (2017). Prevalence of Mental Disorders Among Children and Adolescents of Parents with Self-Reported Mental Health Problems. *Community Mental Health Journal*, 54(6), 884–897. <https://doi.org/10.1007/s10597-017-0217-5>
- Jones, E. A. K., Mitra, A. K., & Bhuiyan, A. R. (2021). Impact of COVID-19 on Mental Health in Adolescents: A Systematic Review. *International Journal of Environmental Research and Public Health*, 18(5), 2470. <https://doi.org/10.3390/ijerph18052470>
- Karcher, M. J. (2005). The effects of developmental mentoring and high school mentors' Attendance on their younger mentees' self-esteem, social skills, and connectedness. *Psychology in the Schools*, 42(1), 65–77.
- Klein, P. D., & Shaywitz, S. (2005). Overcoming Dyslexia: A New and Complete Science-Based Program for Reading Problems at Any Level. *Canadian Journal of Education / Revue Canadienne de l'éducation*, 28(3), 575. <https://doi.org/10.2307/4126492>
- Lally, C. (2020). Child and adolescent mental health during COVID-19. <https://doi.org/10.58248/rr04>
- Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School mental health*, 2, 105-113.
- Lin, J. A., Hartman-Munick, S. M., Kells, M. R., Milliren, C. E., Slater, W. A., Woods, E. R., Forman, S. F., & Richmond, T. K. (2021). The Impact of the COVID-19 Pandemic on the Number of Adolescents/Young Adults Seeking Eating Disorder-Related Care. *Journal of Adolescent Health*, 69(4), 660–663. <https://doi.org/10.1016/j.jadohealth.2021.05.019>
- Liu, J. J., Bao, Y., Huang, X., Shi, J., & Lu, L. (2020). Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health*, 4(5), 347–349. [https://doi.org/10.1016/s2352-4642\(20\)30096-1](https://doi.org/10.1016/s2352-4642(20)30096-1)
- Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., McManus, M. N., Borwick, C., & Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of

- COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*, 59(11), 1218-1239.e3. <https://doi.org/10.1016/j.jaac.2020.05.009>
- Marroquín, B., Vine, V., & Morgan, R. (2020). Mental health during the COVID-19 pandemic: Effects of stay-at-home policies, social distancing behavior, and social resources. *Psychiatry Research*, 293, 113419. <https://doi.org/10.1016/j.psychres.2020.113419>
- Ministry of Law and Justice. (2016). The Rights of Persons with Disabilities Act, 2016. Gazette of India. Retrieved from <http://legislative.gov.in/sites/default/files/A2016-49.pdf>
- Moksnes, U. K., & Reidunsdatter, R. J. (2019). Self-esteem and mental health in adolescents—level and stability during a school year. *Norsk Epidemiologi*, 28(1-2).
- Murphy, A., Pinkerton, L. M., Bruckner, E., & Risser, H. J. (2021). The Impact of the Novel Coronavirus Disease 2019 on Therapy Service Delivery for Children with Disabilities. *The Journal of Pediatrics*, 231, 168-177. <https://doi.org/10.1016/j.jpeds.2020.12.060>
- Nastasi BK, Moore RB, Varjas KM. American Psychological Association; Washington DC: 2004. School-based mental health services: creating comprehensive and culturally specific programs.
- National Center for Learning Disabilities. (2018). The State of Learning Disabilities: Understanding the 1 in 5. Retrieved from <https://www.nclld.org/>
- National Center for Learning Disabilities. (2021). The COVID-19 pandemic's impact on children with learning disabilities. Retrieved from <https://www.nclld.org/>
- Pfefferbaum, B., & North, C. S. (2020). Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*, 383(6), 510–512. <https://doi.org/10.1056/nejmp2008017>
- Poteat, V. P., Calzo, J. P., & Yoshikawa, H. (2016). Promoting Youth Agency Through Dimensions of Gay–Straight Alliance Involvement and Conditions that Maximize Associations. *Journal of Youth and Adolescence*, 45(7), 1438–1451. <https://doi.org/10.1007/s10964-016-0421-6>
- Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75(5), 631–643. <https://doi.org/10.1037/amp0000660>
- Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19. *JAMA Pediatrics*, 175(11), 1142. <https://doi.org/10.1001/jamapediatrics.2021.2482>
- Roberts, R. A. (1997). Assessment and Management of Central Auditory Processing Disorders in the Educational Setting: From Science to Practice. *Ear and Hearing*, 18(3), 261–262. <https://doi.org/10.1097/00003446-199706000-00010>
- Rogers, M. A., & MacLean, J. (2023). ADHD Symptoms Increased During the Covid-19 Pandemic: A Meta-Analysis. *Journal of Attention Disorders*, 27(8), 800–811. <https://doi.org/10.1177/10870547231158750>
- Rourke, B. (2006). Syndrome of nonverbal learning disabilities: Neurodevelopmental manifestations. *Neuropediatrics*, 37(S 1). <https://doi.org/10.1055/s-2006-945773>
- Rusch, A., Rodriguez-Quintana, N., Choi, S. Y., Lane, A., Smith, M., Koschmann, E., & Smith, S. N. (2021). School Professional Needs to Support Student Mental Health During the COVID-19 Pandemic. *Frontiers in Education*, 6. <https://doi.org/10.3389/feduc.2021.663871>
- Rutter M, Maughan B, Mortimore P, Outsen J. Fifteen thousand hours: secondary schools and their effects on children. Harvard University Press; Cambridge, MA: 1979
- Severson H, Walker H. Proactive approaches for identifying children at-risk for socio-behavioral problems. In: Lane KL, Gresham FM, O'Shaughnessy TE, editors. Interventions for children with or at risk for emotional and behavioral disorders. Allyn and Bacon; Boston, USA: 2002.
- Sharma, U., & Deppeler, J. (2005). Integrated education in India: Challenges and prospects. *Disability Studies Quarterly*, 25(1)
- Stevens, G. W. J. M., Buyukcan-Tetik, A., Maes, M., Weinberg, D., Vermeulen, S., Visser, K., & Finkenauer, C. (2022). Examining socioeconomic disparities in changes in adolescent mental health before and during different phases of the coronavirus disease 2019 pandemic. *Stress and Health*, 39(1), 169–181. Portico. <https://doi.org/10.1002/smi.3179>
- Taylor, S., Landry, C. A., Paluszec, M. M., Fergus, T. A., McKay, D., & Asmundson, G. J. G. (2020). Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*, 72, 102232. <https://doi.org/10.1016/j.janxdis.2020.102232>

- Townsend, L., Musci, R., Stuart, E., Ruble, A., Beaudry, M. B., Schweizer, B., ...& Swartz, K. (2017). The association of school climate, depression literacy, and mental health stigma among high school students. *Journal of school health*, 87(8), 567-574.
- Weist, M. D., Rubin, M., Moore, E., Adelsheim, S., & Wrobel, G. (2007). Mental health screening in schools. *Journal of School Health*, 77(2), 53-58.
- World Health Organization (WHO) International Classification of Diseases-10 Revision. (2014). PsycEXTRA Dataset. <https://doi.org/10.1037/e600382012-001>
- Wyn, J., Cahill, H., Holdsworth, R., Rowling, L., & Carson, S. (2000). MindMatters, a whole-school approach promoting mental health and wellbeing. *Australian & New Zealand Journal of Psychiatry*, 34(4), 594-601.
- Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *The Lancet Public Health*, 5(5), e243–e244. [https://doi.org/10.1016/s2468-2667\(20\)30084-0](https://doi.org/10.1016/s2468-2667(20)30084-0)
- Zeren, S. G., Erus, S. M., Amanvermez, Y., Genc, A. B., Yilmaz, M. B., & Duy, B. (2020). The Effectiveness of Online Counseling for University Students in Turkey: A Non-Randomized Controlled Trial. *European Journal of Educational Research*, 9(2), 825-834.
- Zhai, Y., & Du, X. (2020). Addressing collegiate mental health amid COVID-19 pandemic. *Psychiatry research*, 288, 113003. <https://doi.org/10.1016/j.psychres.2020.113003>
- Zhou, S.-J., Zhang, L.-G., Wang, L.-L., Guo, Z.-C., Wang, J.-Q., Chen, J.-C., Liu, M., Chen, X., & Chen, J.-X. (2020). Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. *European Child & Adolescent Psychiatry*, 29(6), 749–758. <https://doi.org/10.1007/s00787-020-01541-4>