Original Article: Challenges to Mental Well-being, Perceived Resources, and Felt Needs During COVID-19 Among College Youth in India

Authors: Anindita Bhattacharya, Independent Researcher, Visiting Consultant Clinical Psychologist, Narayana Multispecialty clinic, Sarjapur Road, Bangalore, Seema Mehrotra, Professor and Head, Department of Clinical Psychology, NIMHANS, Poornima Bhola, Professor, Department of Clinical Psychology, NIMHANS

Address for Correspondence
Anindita Bhattacharya,
B 1104, B block, MJ Lifestyle Amadeus Apartment,
Bangalore – 560099, India.
E-mail: itsanindita@gmail.com.

Citation

Submitted: Mar 24, 2022; Accepted: Apr 18, 2022; Published: Apr 30, 2022

Abstract: COVID-19 has significantly impacted the mental health and well-being of college youth across the world. An online survey using checklists and open-ended questions was shared across various institutions in India to capture information about challenges faced, internal and external resources utilized to deal with the stress, existing support systems and suggestions for additional support for maintaining well-being by college youth. Thematic analysis was conducted to understand the emergent themes. Findings suggested that the most challenging aspect of the pandemic was worry about academics, career, and health of loved ones. The most useful self-management strategies to deal with stress were pursuing hobbies, learning new things, spending time with family, sharing concerns and positive self-talks. The students suggested more robust academic as well as mental health support mechanisms at the university level. At the community level students highlighted the need for community based mental health programs and more support from families. This is one of the very first exploratory studies on the potential mental health impact of the pandemic on Indian university students.

Key Words: COVID-19, youth mental health, college students, felt need, mental health

Introduction:
College is an important period in a student’s life, and a confluence of many factors, individual and interpersonal, makes it also a period when the individual experiences high levels of stress. Coping with a new academic environment, relational responsibility, future financial security, and searching for their own independence and identity are all challenges that can elicit stress (1).
A significant number of college students have their education and personal lives disrupted by psychological distress (2). Youth is a period marked by vulnerabilities to mental health problems. Many of the adult-type psychiatric disorders have an onset by age 24, which may have significant adverse implications on a wide array of life-aspects including academics (4), productivity, substance use (5), social relationships (6) etc.
Most individual’s experiencing psychological distress – even the more serious psychological disorders such as depression, anxiety disorders, bipolar disorder, and post-traumatic stress – can recover earlier if they receive timely help. Unfortunately, there is usually a delay in receiving help because of reasons like the lack of awareness about early signs, a sense of denial, and not being aware of campus resources (7). This can lead to academic difficulties and students dropping out. Stress in undergraduate students in India is considered high and puts that population of learners at high risk for mental and physical health complications or problems (8)
The current pandemic and its psychological, social, and economic consequences have contributed to a large number of mental health concerns in college youth (9). Recent surveys point out the tremendous amount of stress college students are experiencing due to the continued uncertainty about their college education and future career prospects. Students must constantly deal with the impact of emergency closure of campuses and the transition to online education. There are also worries about reopening of college campuses and the threat it could pose on the physical health of students because of excessive time spent on online classes and self-study, changed sleeping habits, disruption to daily fitness routine, and the subsequent effects on weight, social life, and mental health (10,11).

Covid-19 has also impacted students from marginalized sections of the society in a very significant way (12). A recent study (13) reports the mediating role of intrapersonal and interpersonal factors (i.e., resilience, coping, social support) of Acute Stress Disorder (ASD) during the pandemic and suggest identifying the risk and protective factors at an early stage of the outbreak as important to reduce ASD and prevent future psychological morbidity. Covid-19 has disproportionately affected young people everywhere: 30% to 80% youth are more likely to report symptoms of depression or anxiety than adults in Belgium, France and the United States in March 2021 according to an OECD report (14). They are also reporting higher levels of loneliness,
moreover mental health support accessible to young people in schools, universities and workplaces have been heavily disrupted by closure of educational institutions. Social isolation and stress associated with the impact of COVID-19 pandemic in various domains of life (17). Understanding stakeholder perspectives on felt needs and potential factors/measures that can strengthen positive coping and mental wellbeing can be useful in identifying systemic measures to support resilience. In the present study, ‘felt needs’ refer to perceived need for mental health professional consultation or for services or support that may be helpful in maintaining mental wellbeing. (18). This study attempts to understand youth perspectives on the challenges they have faced during the pandemic, the various strategies they had used to deal with the stress related to the pandemic, resources offered by the colleges/universities as helpful and felt needs and suggestions for what more could be offered to maintain their well-being.

Materials and Methods

Participants: Out of 402 people who gave consent and responded to an online survey the final sample consisted of 199 students who completed the survey and responded to at least 80% of the questions (completion rate of 50%). Data was collected over a period of 3 months from October to December 2020.

Procedure: A cross-sectional, online survey study was conducted on students. Attempt was made to recruit individuals from 6-8 different institutes of higher education, including students from govt and private institutions and regular as well as professional courses. Purposive sampling was carried out to recruit participants by contacting and seeking permission from various colleges. This was done by contacting the heads of institutes or key contact faculty in the database of the researchers. Additionally, the study announcement was also posted on relevant online platforms and interested institutes/faculty were requested to contact the investigators. Diversity of institutes and courses represented was attempted through this. This study was a part of a larger study on perceived stress, mood and resilience, felt needs for maintaining well-being in college youth during COVID-19. It was initiated after being approved by the Institute ethics committee. This study relies on a positive psychological perspective or a strength-based approach which can help inform development and delivery of preventive and promotive interventions for college youth in order to facilitate maintenance of mental wellbeing in this segment of the population. This is in keeping with the recent national directives on strengthening psychosocial support systems for youth.

The Perceived Resources items were developed, and the online survey was hosted on a secure online platform - SurveyMonkey. The respondents were able to proceed to the survey only after providing their informed consent to a form presented at the beginning of the online survey. No personally identifying information (name/phone number or email id) were asked. Helpline numbers were provided at the end of the survey to encourage help seeking for any participant with a felt need to seek psychological support.

Measures

Demographics: Information about age, gender, course of study, city/town were elicited using a data sheet.

Perceived resources and felt needs items: This paper highlights the findings from the checklist items and open field texts. The questions were constructed by considering pre-existing literature, what is missing from the literature, the circumstances that surfaced for college youth during COVID-19 the researchers interacted with while teaching courses in a university, their research interests, and what they had experienced while being involved in designing and developing promotive intervention programmes for college youth. The primary areas that guided questions included:

- Challenges encountered during the pandemic
- Internal resources (included items related to self-perceived strengths, individuals’ own internal self-talk and behaviors)
- External resources (included items related to having a close friend/social support) and help seeking sources for managing stress (including use of any online sources).

There were five checklist type questions which were supplemented with five unlimited textboxes for comments. Additionally, three open-ended items were used to assess the (i) support received from the universities/ colleges (ii) felt need for additional psychosocial support from the universities/ colleges and (iii) suggestions about measures or factors at the family, and community level that might further help support wellbeing of youth. In addition to these the rest of the section of the survey included measures of stress, mood and resilience which are beyond the scope/focus of this paper and will be reported in a separate article.

Analyses of Data: Participant information and findings on close-ended questions were coded and entered. Descriptive statistics was used to describe the findings of the closed-ended questions. Thematic analysis was done for the open-ended survey questions (19): (a) gaining familiarity with the data; (b) generating initial codes or labels; (c) searching for themes or main ideas; (d) reviewing themes or main ideas; (e) defining and naming themes or main ideas; and (f) producing the report. The open-ended questions were a useful way of understanding student perspective using their own words and provided insight about their experiences during COVID-19, their responses to the challenges and the felt needs. Thematic analysis of the student responses to these open-ended questions was thus useful in gaining meaningful understanding of the students’ points-of-view.

Researcher’s position: The researchers consider their role to be that of a theoretician, researcher, therapist, and educator. These positions allow them to consider multiple implications of the study. They draw from theories that guide positive youth development and qualitative research. With respect to their theorist/researcher/ practitioner/ educator role they believe
that how we understand the experience of dealing with COVID-19, more as a social or personal issues faced by the individual greatly impact how they work with college youth in a therapeutic and educational context. There is lack of awareness among various stake holders about the personal relevance of dealing with challenges associated with COVID-19. In their role as the researcher, adequate measures were taken to remain open, ethical, authentic, and curious while doing the data analysis.

Results

Socio Demographic Details of the Participants:

Age range of participants was 17-44 years (mean age-21.81). There were 159 females (79.90%), 37 males (18.59%) and three (1.51%) identified as 'other'. Course-wise distribution was that 90 were in undergraduate course (45.23%), rest were pursuing postgraduate course (76, 38.19%), professional course (28, 14.07%), PhD (5, 2.51%). Participants were currently residing in 13 states in the country.

Perceived Challenges faced during the Pandemic:

The survey had a checklist type item which asked participants to pick at least 3 aspects/domains that have been most challenging for them during the pandemic (Table 1).

Table 1: Challenges faced during COVID-19 Pandemic
(N=199)

<table>
<thead>
<tr>
<th>Challenges faced</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worries about my career/ my future</td>
<td>120 (60.30)</td>
</tr>
<tr>
<td>Disruption in my social life/ interactions</td>
<td>113 (56.76)</td>
</tr>
<tr>
<td>Disruption in my academics</td>
<td>106 (52.76)</td>
</tr>
<tr>
<td>Dealing with the uncertainty about the duration of the pandemic</td>
<td>90 (45.23)</td>
</tr>
<tr>
<td>Dealing with overall changes in lifestyle/routines</td>
<td>85 (42.71)</td>
</tr>
<tr>
<td>Worries about risk of COVID-19 in near and dear ones</td>
<td>84 (42.21)</td>
</tr>
<tr>
<td>Strain in family relationship and environment</td>
<td>72 (36.18)</td>
</tr>
<tr>
<td>Stress about health issues in near and dear ones</td>
<td>60 (30.15)</td>
</tr>
<tr>
<td>Financial issues</td>
<td>50 (25.13)</td>
</tr>
<tr>
<td>News about COVID-19</td>
<td>52 (26.13)</td>
</tr>
<tr>
<td>Worries about risk of COVID-19 in self</td>
<td>41 (20.60)</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>199</td>
</tr>
</tbody>
</table>

Additional themes that emerged in response to an open-ended item (Any Other) given at the end of the checklist were about (i) difficulties faced due to shift to the online mode, stress, and health issues due to screen time and difficulty in getting strenuous exercise (ii) Concern about the deteriorating state of human rights across the world, economy of the country, rising mental health issues in general (iii) Impact on relationships and sex life specifically, demands of managing a long-distance relationship, strain in a relationship with a partner, and dealing with loneliness (iv) Coping with the death of a loved one due to COVID-19, personally recovering from COVID-19 and its aftereffects, also dealing with physical symptoms.

Activities perceived to be helpful to manage stress during COVID-19

In the next question, participants were given a series of items from three different domains- Doing (Action taken to manage stress), Talking/ Sharing (Means of expressions to manage stress) and Positive Self-talk/ thinking (usefulness of self-talk/ positive thinking). They were asked to mark from a matrix which of the things mentioned in these domains were helpful, not helpful, or were not tried to manage stress in the last one month (Table 2)

The following themes emerged on “any other” open-ended item supplemented with this item to add additional description of these categories; several responses were shared (N=234).

Most participants mentioned that they kept themselves busy by watching shows online (31), reading books (25) or engaging in some sort of a physical activity like walking/exercise/yoga or dance (37). Just a few of them mentioned playing online games or spending time on social media (8), sleeping (7), doing household chores (4), or writing and journaling (9). Many participants mentioned keeping themselves busy pursuing hobbies and learning something new like in music/art/painting (57). Twenty-eight participants mentioned getting actively involved in helping their family members/close friends and choosing to spend time with family and friends by either physically spending time with them or calling them. Very few participants mentioned spending time to improve their understanding of their course subjects by studying (11) or doing an internship (4). Just six participants mentioned that they had joined volunteering work and only four mentioned going for therapy and four said praying was something which kept them engaged.

In the domain of Talking/ Sharing/ Reaching out: Eighty percent of respondents mentioned that talking to someone sharing their concerns were useful. It was surprising to note that a significant number of participants (> 56%) mentioned having not tried online forums to express themselves, share their creative products or using social media to support others. Just thirty-five participants responded to the supplementary open-ended question about some of the online support forum/self-help websites that they have reached out to for help with their stress.

In the domain of Positive self-talk/Thinking more than half of the participants mentioned reminding themselves that they have many resources and supports that are not available to many others, engaging in positive self-talk about future, reminding oneself about inner strengths and good things/ in the past as helpful in managing stress.

In the supplementary open-ended question where additional description of some of those categories were asked, ninety responses were given. The emergent these from these statements are: This too shall pass/things will get better soon (36), Controlling what one can and focus on staying healthy (14), Reminding oneself about things they are grateful for and for managing well till now (11), Everything happens for a reason (9), Focusing on one day at a time/ on the present (6), It is not a big deal (5), Having time to spend on hobbies and learning new skills (5), Reliance on God for showing the path (4)

Reports of helpful approaches used by the college/university has tried to help students:

Participants were asked to give up to three responses to an open-ended question about the different ways in which the college/university had tried to help them deal with their challenges. The emergent themes are given in the Table 3.

Additional suggestions for colleges/universities to support their students during the pandemic:

The participants were also asked in an open-ended question to suggest up to three things they would like their colleges/universities to do to help their students. The emergent themes from the responses are given below:

More academic support- It was seen that forty four percent of responses also indicated the need for universities to provide additional academic support. Participants reported a need for reduction of workload/assignments and longer deadlines for submissions (112, 34.67%, e.g. ‘understanding the work load and reducing some’, ‘Additional support in classes like tutorial hours and support sessions’), changing existing pedagogy (15, 4.65%, e.g. ‘Break down of semester into trimester’, ‘Reducing the number of classes’), and need for more doubt clearing sessions and webinars (18, 5.57%).

Clarity of Information (21, 6.5%)- Some participant also emphasized on the need for more clarity about campus
Among College Youth in India.

More empathy from the administration and staff (47, 14.55%)- Almost 14 percent of participant expressed the need for compassionate calls from faculty to check if students were doing okay and more frequent check in (e.g., ‘Reassuring mails from staff and management’)

Financial support (26, 8.04%)- A few participants also reported the need for financial help, reduce fees and other assistance (e.g., ‘helping those with poor internet connections with monetary and technical help’, ‘Providing financial support for internet recharge for attending the virtual classes’)

Table 3: Existing support in the college/university have helped students during COVID-19 (Total number of responses, N=156)

<table>
<thead>
<tr>
<th>Emergent Themes</th>
<th>Codes highlighting participants ideas (N, %)</th>
<th>Participant responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help from college administration and staff in providing information and academic support</td>
<td>Empathetic responses from faculty and mentor (25, 16%)</td>
<td>‘Reassuring mails from staff and management’, ‘They (staff) check in on us’, ‘Professors have been emotionally available’</td>
</tr>
<tr>
<td></td>
<td>Financial support (8.5,13%)</td>
<td>‘Helping them (other students) in financial issues’, ‘Providing financial support for internet recharge for attending the virtual classes’, ‘helping those with poor internet connections with monetary and technical help’</td>
</tr>
<tr>
<td></td>
<td>Hostel accommodation (3, 1.92%)</td>
<td>‘Support and providing allowance/accommodation to students who don't have proper internet access in their home towns’</td>
</tr>
<tr>
<td></td>
<td>Academic and assessment related support (54, 34.62%)</td>
<td>‘Extending deadlines for assignments’, ‘Reducing syllabus’, ‘Scheduling with adequate breaks’, ‘Another professor teaching a difficult course has offered permission to go to therapy’, ‘The Administration and the counselling support have been fairly responsive although I’ve not reached out for myself’</td>
</tr>
<tr>
<td></td>
<td>Infrastructural support (5, 3.20%)</td>
<td>‘Providing resources online’, ‘Providing research opportunities, internships’, ‘Providing students study materials online’, ‘Providing medicine and groceries in the hostel’</td>
</tr>
<tr>
<td>Mental health related support</td>
<td>Counselling help (25, 16.03%)</td>
<td>‘Offering mental health support’, ‘counselling support’, ‘The college therapist - their counselling department is free and I don’t need parents’ permission to go to therapy’, ‘The Administration and the counselling support have been fairly responsive although I’ve not reached out for myself’</td>
</tr>
<tr>
<td></td>
<td>Resources for mental health (2, 1.28%)</td>
<td>‘Notification about mental health helpline contacts’</td>
</tr>
<tr>
<td></td>
<td>Webinars on various topics related to mental health (17, 10.90%)</td>
<td>‘Interactive sessions with Mental Health experts’, ‘Zoom meetings with psychologists’</td>
</tr>
<tr>
<td></td>
<td>Forums/ clubs nonacademic support</td>
<td>Informal interactions/ online clubs (12, 7.69%)</td>
</tr>
<tr>
<td></td>
<td>Peer support (5, 3.21%)</td>
<td>‘Peer support programme’, ‘Online weekly group call with the professors and classmates’</td>
</tr>
</tbody>
</table>

Suggestions for actions at the community and family level to help youth maintain well-being

An open-ended question was asked for up to three additional suggestions for support for youth at various levels (Family/community/mental health professionals/government) to maintain their wellbeing despite COVID-19. The following Table 4 highlights the emergent themes from the suggestions.
Table 4: Suggestions for additional support at various levels to maintain youth wellbeing during COVID-19 (Total number of responses, N = 159)

<table>
<thead>
<tr>
<th>Emergent themes</th>
<th>Codes highlighting participants’ ideas</th>
<th>Participant responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Level Support (61, 38.36%)</td>
<td>(a) Community based programs for sensitization and support groups for mental health issues</td>
<td>‘Make mental health a priority in schools at all levels’, ‘Awareness programmes via social media platforms about maintaining well being’, ‘Setting up a Students Helpline platform so that they can talk about their personal issues they might going through’, ‘Building community level mental health awareness’</td>
</tr>
<tr>
<td></td>
<td>(b) Community spaces for studies and access for online classes for everyone</td>
<td>‘Providing a space in the neighborhood where students can study/work while maintaining distance/following protocols’, ‘Organizing online recreational sessions’</td>
</tr>
<tr>
<td></td>
<td>(c) Creation of online forums for recreational activities for local communities</td>
<td></td>
</tr>
<tr>
<td>Family level support (34, 21.38%)</td>
<td>(a) Transparency of communication between families and youth</td>
<td>‘Families need to share their anxieties with each other so that the youth don’t feel isolated and vice versa’, ‘Family level- open communication, whether that’s to talk about feelings or seek help/advice’, ‘family: support and affection, spending time together’, ‘Families need to do better in being informed about the impact of family dynamics on mental health. They need to get off our backs and respect our agency’.</td>
</tr>
<tr>
<td></td>
<td>(b) More family support towards youth dealing with stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Lesser stigma attached to conversations about mental health in families</td>
<td></td>
</tr>
<tr>
<td>College Level support (18, 11.32%)</td>
<td>(a) Flexibility in thinking about academic pursuit/ degrees</td>
<td>‘Flexibility of taking a break year’, ‘reduce the syllabus for this semester so that only core subjects are being taught’, ‘Teachers can maintain contact with students and help them out’, ‘substitute one lecture each week with a mindfulness and relaxation workshop to help students organize their work and thoughts better according to their subjective time availabilities’,</td>
</tr>
<tr>
<td></td>
<td>(b) More academic support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(c) Guidance about job</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(d) More mental health support</td>
<td></td>
</tr>
<tr>
<td>Government/ Larger system level (44, 31.92%)</td>
<td>(a) Help for marginalized groups, financial support, and reduced fees</td>
<td>‘Availability of mask and sanitizers to marginalized group’, ‘The government can help students who have no resources for online classes so their academics don't get affected’, ‘rebate on fees - so that they can afford internet, laptop, electricity etc’</td>
</tr>
<tr>
<td></td>
<td>(b) Awareness sessions about infection, sensitizing people about rules and precautions and providing clear information to the public, options for family health check.</td>
<td>‘Organizing physical health monitoring clubs’, ‘The government needs to start campaign that emphasizes that importance of mental health at the level that physical health enjoys’, ‘govt: reliable and clear guidelines’</td>
</tr>
<tr>
<td></td>
<td>(c) Responsible media portrayal of information</td>
<td>‘Sensitive and positive news by the media, there's too much negative news going around’</td>
</tr>
<tr>
<td></td>
<td>(d) Help for marginalized groups, financial support, and reduced fees</td>
<td>‘Mental health professionals on social media - don't know if this makes sense but I see a lot of mental health related information online that seems a bit falsely positive to me (&quot;you are enough&quot;, &quot;give yourself a break&quot;, etc). While I think I understand where that comes from and believe the intention is genuinely good, I don't think that's always helpful and applicable to viewers. So perhaps telling people how to become stronger and more resilient and put up more nuanced information on social media (perhaps specifying on posts that say things like &quot;you are enough&quot; who that message is applicable to) rather than telling that anyone who might see a post to take a break or that they are enough’</td>
</tr>
</tbody>
</table>

Discussion

College students are vulnerable to mental health concerns due to the developmental stage they are in, and this study highlights the impact of the COVID-19 on this specific population. The data for the study was collected from October to December, the results need to be interpreted in the context of the situation in India at that time. The lockdown was easing across India, but the schools and colleges still remained closed leading to increased isolation and high internet use. COVID-19 led to a lot of psychological distress in adolescents and youth because of parental anxiety, disruption to their routines, increase in instances of abuse and family violence and without the support structures available at schools in the form of peers, teachers and reduced physical activity (20). Our results too suggest the substantial impact of the pandemic, as more than half of the college youth reported feeling challenged due to the uncertainties caused by the pandemic and disruption of their routines affecting their academics, career, and social life (Table 1). There are also other recent similar findings of deteriorating mental health conditions among Chinese students (21) and increased internet search queries on negative thoughts in the United States (22).

More than one third also reported struggling to deal with health-related worries about their loved ones and managing stress caused by long distant relationships. It was interesting to observe that just one fifth of the students reported worrying about risk of the infection in self, but most of them were more concerned regarding their future and the health of their loved ones. The findings are partially divergent from the research in the United States and China (23, 9) where findings suggested a considerable negative impact of the COVID-19 pandemic on a variety of academic-, health-, and lifestyle-related outcome and among the effects of the pandemic identified, the most prominent was worries about one’s own health and the health of loved ones. The low concern about one’s own health in the Indian context may suggest low risk perception regarding contracting infection which may have repercussions on health protecting factors. In the context of a pandemic where information is dynamic, there is a need for improving disease knowledge and share clear educational messages that are useful for youth and can be an effective way of enhancing risk perception. Otherwise, youth may find it difficult to evaluate the risks associated with COVID-19 and protect themselves and others around them (24, 25).
Our findings also indicate the various strategies students have been using to deal with the stress caused by the pandemic. More than half reported getting involved in a hobby or learning new things as coping strategies (Table 2). Recent findings in American students also highlight that majority participants preferred similar kind of self-management strategies (23) and these should be encouraged for better coping. Volunteering has been found to be useful in enhancing well-being and coping with stress (26). In our study just thirty two percent of the participants mentioned volunteering as being helpful, most of them (57.58%) mentioned having not tried volunteering as an activity to help them feel better. Creating volunteering opportunities could potentially be one resource the community and universities could provide to students to deal with stress. This is likely to have implications for volunteers themselves by enhancing a sense of purpose and meaningful engagement and connectedness while at the same time contributing to mobilization of support for individuals with various unmet needs during the pandemic (27).

It was surprising to note that unlike results from other recent studies which highlight the usefulness of social media to deal with stress (28, 29, 30) a significant number of participants (> 56%) in our study mentioned having not tried online forums to express themselves, share their creative products or using social media to support others. Instead, spending time with family and friends was seen as a helpful way to deal with the stress while being stranded at home (67%). These findings may be indicative of the fact that in the Indian culture direct form of social support from family and friends still play a more important role than virtual networks. A majority of students (80%) also mentioned that talking to someone and sharing their concerns were useful. Social support has been seen to be a useful problem focused as well as emotion focused coping strategy which can act as a buffer towards stress (31).

More than half of the participants mentioned that reminders for having resources and supports that are not available to others, engaging in positive self-talk, reminding oneself about inner strengths and good things in the past were helpful in managing stress. Emerging research suggests the role of positive self-talks as effective modalities to modify or attenuate the ‘death anxiety’ caused by the pandemic (32, 33). A useful way of managing one’s thoughts, feeling and behavior during the pandemic seem to be reminding oneself about the ability to believe that the resources under one’s control are sufficient to manage stress (28, 29, 30). An important study (34) indicates how the feeling of gratefulness serve both as a buffering and bolstering by lowering stress levels and increasing positive emotions, life satisfaction, and resilience (34). These findings have an implication for college counseling centres, where the focus could be more on preventive and promotive programmes along with counselling/ direct mental health support to help build informal networks and organize events and activities which include useful strategies from positive psychology research like gratefulness, increasing positive emotions and resilience.

Our research findings also point out to the limitation of the existing support system for students and additional needs (Table 3). It seemed that though colleges/ universities were providing students with basic infrastructural and academic support, only about one fourth of the participants reported receiving mental health support or measures that could augment other informal supports. Almost half of the responses in the question which ask students to list out the support needed from their colleges or universities spell out the need for universities to provide non-academic/ social forums as well as academic support like expanded deadlines for assignments, organizing additional webinars and tutorials. Almost fifteen percent of the responses suggested need for a more empathetic stance from the universities and colleges, clarity of information for future course of action and financial support (Table 3).

Just eleven percent of the participants mentioned the need for the colleges/ universities to provide mental health support. The rate of mental health concerns seems to have increased in this population as reflected from a recent Indian study indicating (35) an increase in depression and anxiety in college population, it shows 90 (68.7 %) have mild anxiety, 80 (61 %) mild depression, 28 (21.3 %) moderate anxiety, 34 (25.9 %) moderate depression, 13 (9%) moderately severe anxiety and depression and 4 (3%) severe depression. But the low percentage of student’s mentioning the need for mental health support in our study could be linked to low rate of help seeking and low inclination to seek help from formal support structures within the universities like teachers and other university members. An Indian review paper (36) highlights the fact that recognition of a mental health concern alone may not be enough to seek help and individuals may be leaning on informal mechanisms like friends for support. This is especially prominent in collectivistic cultures like India where a lot of value is placed on interdependence and support from close others. The paper also emphasizes on the need for improving help seeking initiatives for vulnerable population.

There is a clear need for establishing robust mechanisms to support students dealing with stress, universities need to create various formal and informal support structure for addressing the rising amount of mental health needs in college youth. Another Indian paper (37) highlights the importance of mobilizing existing support structure in educational institutes especially in low resource settings. Support structures within the institutes can help build more sustainable promotive programs for youth by encouraging youth engagement in creating scalable mental health initiatives in India.

A significant number of responses (33%) also highlighted the need for community based mental health programs for easy access to mental health support, other support groups, more dialogues, and discussions in the community about mental health and programs at various levels right from schools to institutes of higher education for teaching skills for managing stress (Table 4). Even at the family level, a strong need for more openness and receptivity for understanding their struggles was felt by the youth. Awareness programs about COVID-19 along with clear information about precautions to be taken were also highlighted by a few. It’s time that the local communities come together to provide forums for awareness about mental health as well as opportunities for vulnerable population and create opportunities for dialogues and discussions around mental health and stress being faced by the youth.

The treatment gap for mental health concerns is already wide in India, the pandemic has added an additional layer of difficulty by stretching the existing resources. In situations like these it becomes more important to involve the communities in supporting the mental health needs of individuals. One way of responding to this crisis could be to create decentralized pattern of working with empowered local communities (38) or enhancing the access to tele mental health services and creating informal group forums where stakeholders can share their experiences.

Limitations and Future Work

This study to our best of knowledge is one of the few studies documenting the impact of the COVID-19 on university students in India using an online survey in the middle of the pandemic. There are a few limitations of this study. Our attempt was to gain an initial understanding about the felt needs of this section of the population which may help create support structures in universities and communities. Future work needs to include more in-depth, stratified samples across different states and universities in India, across different demographic characteristics (age, gender, courses, academic year, socio economic background, family structure) to verify...
and add on to our findings. Future studies should also look at the relationship between various strategies used to cope with stress in-depth and the impact of the pandemic on students’ mental health and well-being.

Conclusion
COVID-19 and the uncertainty it has brought along has proved to be extremely distressing for college youth in India, especially in the context of career, academics, and health of loved ones. While exploring internal and external resources that young people have been using in this research, it was found that self-management strategies like pursuing hobbies, learning new skills, spending time with loved ones, sharing concerns with others and positive self-talks were helping them the most in dealing with challenges and stress associated with the impact of COVID-19 pandemic in various domains of life. College youth also highlighted the need for more robust academic and mental health support mechanisms in the universities and community based mental health programs and more support from families. The time seems ripe for educators, policy makers and mental health professionals to understand the need and work together with communities to support the mental health needs of youth and enhance access to tele mental health services, community based mental health programs and creating informal group forums where stakeholders can share their experiences.

Funding: No funding was received for this research.

Acknowledgments: The authors would like to thank all the participants for their responses.

References


