

Assessing the Critical Post-COVID Mental-Health Concerns amongst Students, Parents and Teaching/Non-Teaching Staff: An Investigation into the Effectiveness of Coping Strategies

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Abstract

Considering the difficulties and challenges in social psychological research pertaining to the validity and credibility of the assertions made therein, this study tended towards methodological robustness through outrightly explicating the limitations through which it is acquiring information. This study investigated the concerns pertaining to mental health in the aftermath of COVID, interrogating how the global pandemic was an implicit disruption in the conventional functioning of educational institutions and how it stemmed doubts and grief regarding the learning potential, although, it was coupled with the rise of technological advancements but the “know-how” and the creation of the right mental and physical space that enable education are premised on a sense of embeddedness and embodiment which were disrupted during the global pandemic, this paper investigates the mental health concerns that have gained prominence in the backdrop of Covid epidemic amongst various stakeholders involved in school level pedagogical practices (i.e., students, parents and teaching/non teaching staff). This study relies on global and national level secondary data, as well as, conducts primary data collection amongst 95 respondents in different cohorts (50 students, 20 parents, and 15 teaching and 10 non-teaching staff). This study not only tends to identify and map the mental health concerns that were gaining prominence, but rather how the respondents were attempting to address and cope with them.

Introduction

COVID was an unanimously unprecedented global epiphenomenon, its impact over the social, political, economical and cultural propulsions have been the subject of immense investigation and theorization, as its outbreak was a peculiar event in global history because while it called for social distancing and quarantines, it also became an occasion where the human world stood still and in many ways, together. While the impact of the global pandemic was and continues to be studied by various disciplinary perspectives, one of the most intriguing and perplexing scholastic purview through which its understanding, experience and aftermath could be gauged is, social psychology. Considering that the field of social psychology is explicitly challenging and any forms of axioms or assertions made therein are never quite bereft of challenges and refutations because accomplishing unchallenged validity and unquestioned credibility is highly unlikely, despite acknowledging these pitfalls, this study attempted to embark on an investigation about the impact that the experience of going through a global epidemic was embarked on people’s minds, how it altered their associations with themselves and with that of others.

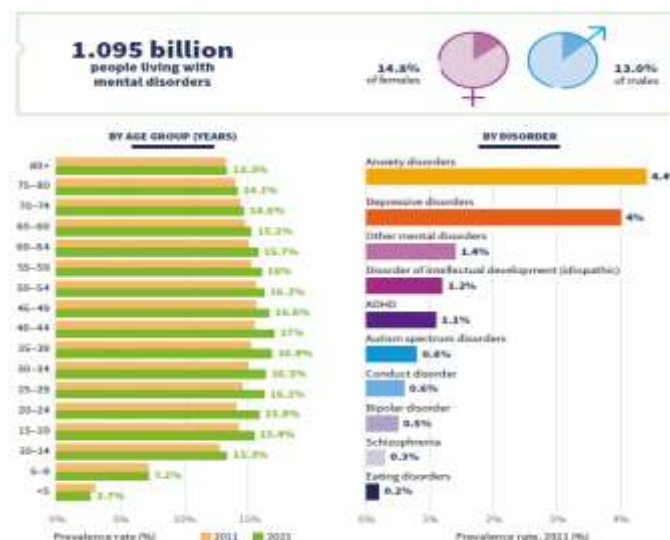
This paper attempted to address the particularities of what fears, anxieties, grief, loss, pain, suffering and dread did different stakeholders involved in the school level education faced in the aftermath of the pandemic, the stakeholders were identified as students, parents, as well as, teaching and non-teaching staff. Studies suggest that lockdowns and isolation have disproportionately impacted youth, with young people and women bearing the brunt, as evidenced by WHO's analysis of disrupted mental health services and elevated Global Burden of Disease metrics, they find a persistent post-traumatic stress and burnout in educators globally, underscoring the need for sustained interventions.



Status of Mental Health Conditions

Source: IHME, 2024; WHO, 2025

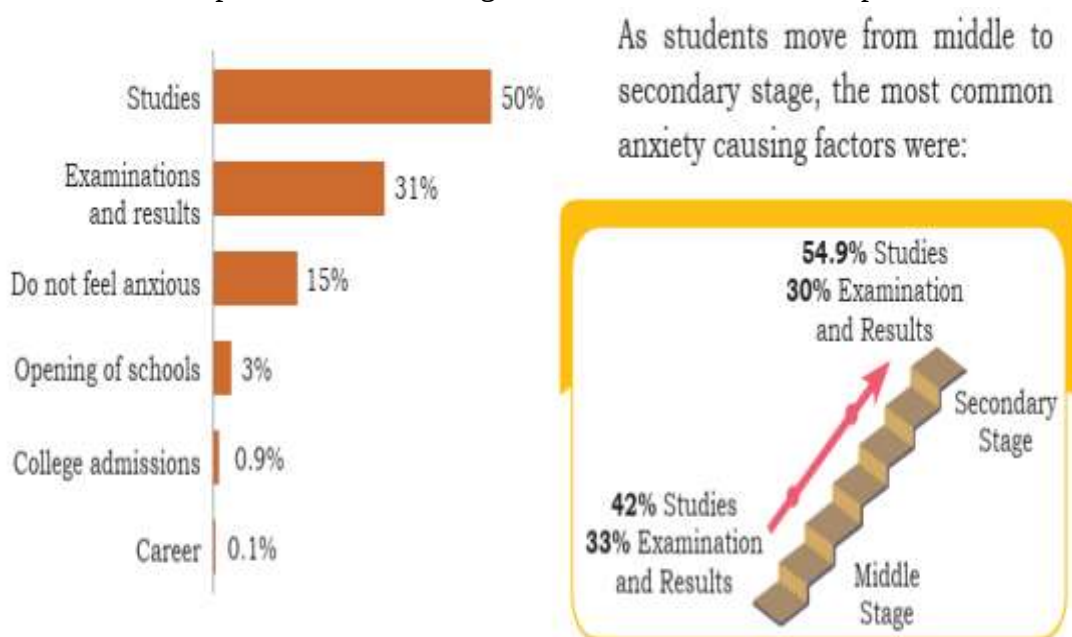
The COVID-19 pandemic, which began in late 2019 and persisted through multiple waves into 2023, profoundly disrupted global mental health, with the World Health Organization reporting a 25% increase in anxiety and depression worldwide during the crisis (WHO, 2022). Lockdowns, social isolation, economic uncertainty, and fear of infection exacerbated psychological distress, leading to long-term effects such as elevated rates of post-traumatic stress, burnout, and suicidal ideation even after restrictions lifted (Santabárbara et al., 2021). The persistence of the aforementioned impacts exacerbated in the aftermath of COVID and disproportionately affected those vulnerable sections of the society who live in the margins of society on account of uneven access to support.



The global prevalence of mental disorders in 2021

Source: (World Health Organization; 2025)

During 2022, a survey conducted across 3,79,000 students by National Council of Educational Research (NCERT) reflected that close to 80% of the respondents faced anxiety at the behest of exams and their results, which was furthered on account of not having enough substantial trustworthy avenues for providing emotional support. Fellow reports voice how students suicides in India have surpassed the toll of 13,000 in the year 2021, these statistics are in tandem with the rise of stress amongst parents on account of social and economic fallouts, alongside rampant increase of instances where teachers have reported unprecedented burnouts (due to the exceedingly demanding nature of their work which is a consequence of the academic inflation and the promises made by the school management which have to be undertaken by the teachers which exponentially expand their duties and obligations beyond the purview of the classroom whereby they are expected to conduct tasks and duties which are beyond the ambit of their vocational contracts per se, considering that they are not financially remunerated proportionately to the dissemination of duties). Studies have reported that pre-schoolers from low income families reflect a worsening of their emotional challenges in the aftermath of COVID induced lockdowns (Sharp et al., 2024). Recent scholarship on the subject at hand suggests that the mental health conditions amongst schools in India have been on an exuberant rise and the global, national and state governments have only recently started taking cognizance of the impact that deteriorating mental health has on developmental disabilities.



Academics Related Anxieties

Source: (NCERT, 2022)

Considering that the process of imparting and availing “education” is a community practice involving the active efforts and collective interests of the students, parents, teachers, as well as, the non-teaching administrative/managerial staff, the streamlining of efficiency, cohesiveness and co-fruition of this ‘activity’ which intends to instill the requisite principles and practice that would consequentially lead to the betterment of humankind at large, the interrogation of the varying yet pivotal roles that each stakeholder plays in the process and the challenges that they face therein becomes an imperative towards entailing this betterment to begin with. In the wake of COVID pandemic, students faced prolonged closure of schools and had to resort to remote learning which led to severe disruptions in the student’s cohesive social development, while parents had to juggle between responsibilities and obligations pertaining to their

professional commitments (with regards to work) and personal liabilities (towards one's household), whereas, the staff expressed how they had to deal with substantial rise of their workload, function under the constant threat of job insecurity and having to undergo the emotionally and physiologically draining task of performing the emotional labor inherently involved in the process of teaching under the backdrop of shifting modalities that their vocation was facing at the time (Loades et al., 2020; Van Lancker & Parolin, 2020).

It is estimated that over 250 million students were affected from a wide range of conditions which could be a plausible concern towards their mental health, this study tries to identify different means towards an in-depth investigation of the identification and investigating the coping mechanisms being undertaken through overt participant observation and interviews. Although, mental health challenges that are likely to have been induced at the behest of the pandemic have garnered sizeable recognition but the examination of post-COVID concerns pertaining to anxiety, stress regarding academic, finances of family, as well as, occupational exhaustion which have been reported to be rampant amongst educational stakeholders, yet, not been subject to rigorous scholastic investigation and there is an explicit need to address that knowledge gap by empirical studies which are focussed towards the inquiry of the appropriate mitigative measures that are being adopted. There is a wide research gap upon the understanding of group-specific vulnerabilities, as well as, the efficacy of the coping strategies that are being deployed in everyday lives, which hinders the process of identifying and addressing the issues at hand on a policy level and enabling more people centric designs towards requisite interventions.

Objectives

This study attempts to address the following research objectives:

- Identifying the major mental health concerns (i.e., anxiety, depression, burnout) amongst students, parents and teaching, as well as, non-teaching staff in post-COVID amongst school level pedagogical educational settings
- Evaluate the commonly deployed coping strategies in the face of the exacerbation of the mental health concerns such as mindfulness, peer support and institutional interventions
- Assess the efficacy of the strategies deployed through quantitative and qualitative measures with regards to the respondent's admittance regarding symptom reduction and gains in resilience

Research Questions and Hypotheses

This research intends to investigate the following research questions:

- What are the most prominent mental health concerns that are pertinent in the aftermath of COVID induced pandemic amongst students, parents and teaching/non-teaching staff?
- Which coping strategies are deployed by distinct stakeholders, what are the causes and rationale regarding their choice of coping mechanism
- How can the efficacy of the adopted coping strategies towards alleviating concerns be ascertained and what plausible factors can be deployed towards gauging the success of different coping strategies?

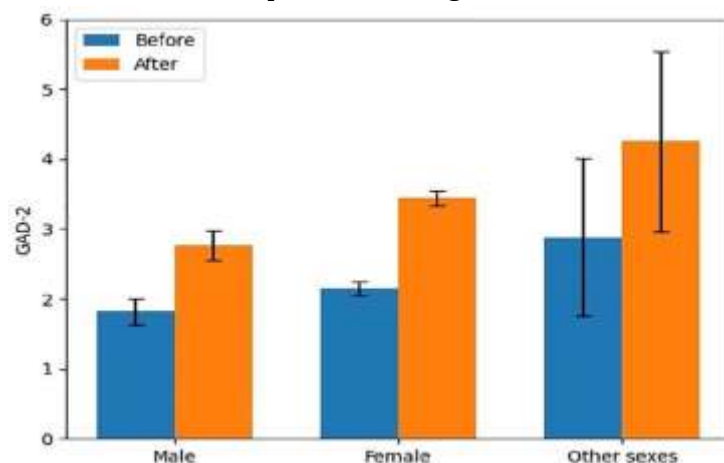
This study intends to test the following hypothesis concerning how (i) students are experiencing greater anxieties due to the academic disruptions and the staff faces higher instances of burnout on account of having been subjected the peculiar pressures and fall-outs that the disruption of COVID induced pandemic created (H1); (ii) coping strategies premised around mindfulness proved to be more effective for students and parents than the staff due to the peculiar nature of their issues and responsibilities that they needed to

tend to (H2); and, (iii) socioeconomic status and access to institutional support play an important role in determining the selection of different coping strategies deployed (H3).

Review of Literature: Addressing the Themes of Post-COVID Mental Health Concerns and Coping Strategies

- **Mental Health Concerns Among Students**
- **Prevalence and Characteristics of Anxiety and Stress**

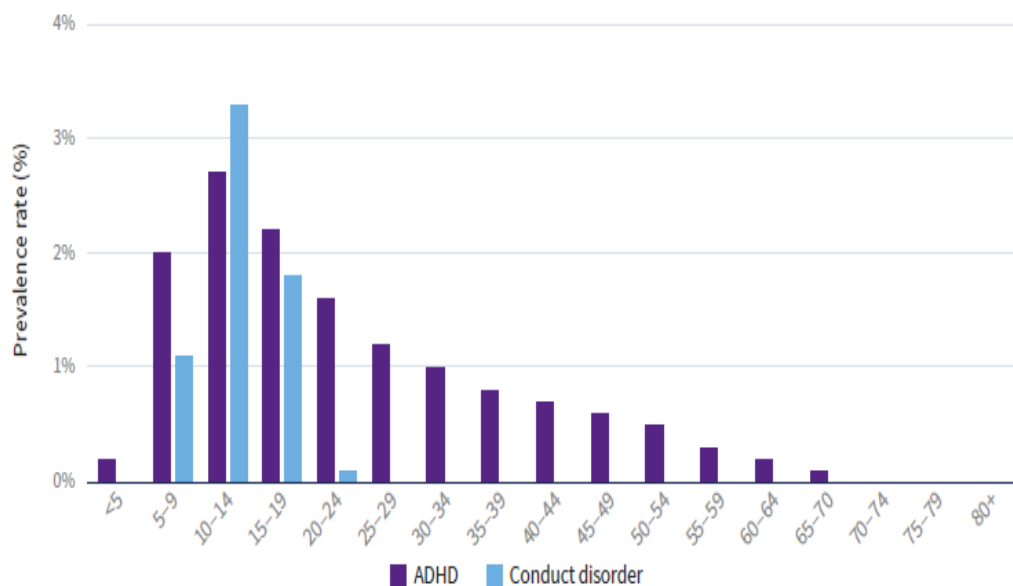
The COVID-19 pandemic introduced profound and unprecedented disruptions to mental health among student populations across the globe which is evidenced through a synthesis from systematic reviews of research conducted upon students between 2020 and 2023 which indicated a substantial rise in anxiety and stress levels during the pandemic period (Houghton et al., 2022). Considering that social psychology and the studies on mental health concerns require longitudinal research, studies suggest that there has been a remarkable rise in anxiety as compared to the pre-pandemic levels. The contemporary scholastic discourse suggests that there is a strong temporal relationship between prolonged pandemic conditions and a sense of psychological deterioration (considering that diagnosis in psychological and psychiatric scholarship is either self-derived or socially impinged that the understanding of 'deterioration' holds the probability of subjectivity). The period after Covid has reflected upon an exuberant rise in anxiety, such that even after the initial measures of lockdown were eased, the persistence of psychological distress remained imminent. This observed escalation of anxiety amongst school students was propelled on account of a variety of causes that induced stress, primarily pertaining to the fear of being infected but also furthered by the perils of social isolation, disruptions to academic cycles, lack of physical and amicable associations with peers, as well as, limitations in accessing institutional mental health support. Alongside the aforementioned predicaments, the virtual turn of pedagogical practices impinged many additional forms of stress, primarily pertaining to the fear of missing out, which led to the rise of new and peculiar psycho-social conditions like "cyberchondria" which was categorised as a compulsive information seeking behaviors that enhanced anxieties through the amplification of stress due to constant digital exposure. This adversity is then furthered because of stress regarding exams, herein, facing economic precarity was one of the key concerns amongst those facing higher levels of anxiety, especially those lacking reliable internet access or adequate technological infrastructure.



Sex-Based Anxiety Symptoms (Pre-and Post-COVID-19)

Source: (Seens et al., 2021)

The inflation and the gentrification it brought about was unprecedented in the near past, wherein hiking up the prices of common day priorities which was facilitated by the state, civil society and market, created pertinent spatial inequalities amongst those residing in rural or under-resourced areas demonstrating an alarming vulnerability (C. Wang et al., 2020). Pandemic related anxiety outcomes were also peculiar at the behest of one's gender, cultural, national and natural contexts (Hawryluck et al., 2004; Holmes et al., 2020; Jeong et al., 2016; Qiu et al., 2020). The gender gap remained to be one of the most complex interactions among biological, psychological, socio-cultural determinants instead of being an isolated explanatory factor (Mazza et al., 2020). While the pre-pandemic anxiety levels between males and females were substantially low, interestingly wide and during the pandemic (Williams et al., 2020).



Global prevalence of ADHD and conduct disorder over the life-course (2021)

Source: (World Health Organization; 2025)

• Depression and Comorbid Mental Health Disorders

The most commonly reported physiological symptoms include anosmia (loss of smell), ageusia (loss of taste sensation), cough, diarrhea, dyspnea (breathlessness), fever, headache, myalgia (muscle pain) and rhinorrhea (runny nose, excessive mucus and allergies) (Azer, 2020; Kalafatis, 2021; Thye et al., 2022), while psychological symptoms post-traumatic stress disorder, substance abuse disorders, panic disorders, suicidal tendencies anxiety, issues pertaining to self-esteem along with a remarkable rise in reports of challenges in the construction of social identity, cooperation and composure of temperament (H. Wang & Liu, 2024; Wu et al., 2020). The blend of physiological, social, economic, political and psychological toil that the Covid-19 embarked on the behest of isolating people from each other and creating a sense of hostility towards one's surroundings has been reflected upon in various scholastic studies which are premised on longitudinal comparative research concerning the increase of mental health concerns from pre-pandemic levels (Schwartz et al., 2021). The relationship between isolation and depression was bidirectional because isolation increased depressive symptoms, which in turn reinforced avoidant classroom behaviors and academic withdrawal (Schwartz et al., 2021). Pre-existing mental health conditions substantially moderated pandemic outcomes (Waters et al., 2021).

AGE IN YEARS	<5	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70	70-74	75-79	80+
Mental disorders	2.7	7.2	13.3	15.4	15.8	16.2	16.3	16.8	17.0	16.6	16.2	16.0	15.7	15.2	14.6	14.1	13.3
Schizophrenia	0.0	0.0	0.0	0.1	0.3	0.4	0.5	0.6	0.6	0.5	0.5	0.4	0.4	0.3	0.3	0.2	0.1
Depressive disorders ^a	0.0	0.1	1.3	3.4	4.7	5.0	5.2	5.7	6.1	6.2	6.3	6.4	6.5	6.4	6.1	6.0	5.7
Bipolar disorder	0.0	0.0	0.1	0.5	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.6	0.5	0.5	0.4
Anxiety disorders ^b	0.1	1.6	4.1	5.3	5.7	5.8	5.7	5.8	5.8	5.5	5.4	5.3	5.2	5.0	4.8	4.7	4.3
Eating disorders ^c	0.0	0.0	0.1	0.4	0.6	0.5	0.5	0.3	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Autism spectrum disorders	0.9	0.9	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.7	0.7	0.6	0.5	0.4
ADHD	0.2	2.0	2.7	2.2	1.6	1.2	1.0	0.8	0.7	0.6	0.5	0.3	0.2	0.1	0.0	0.0	0.0
Conduct disorder	0.0	1.1	3.3	1.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disorder of intellectual development (idiopathic) ^d	1.6	1.7	1.6	1.6	1.5	1.3	1.1	1.0	0.9	0.8	0.6	0.5	0.5	0.4	0.3	0.3	0.2
Other mental disorders ^e	0.0	0.0	0.1	0.4	1.0	1.6	2.1	2.4	2.5	2.6	2.7	2.7	2.7	2.7	2.7	2.8	3.0

Prevalence rates (%) of mental disorders by age across the Globe (2021)

Source: (World Health Organization; 2025)

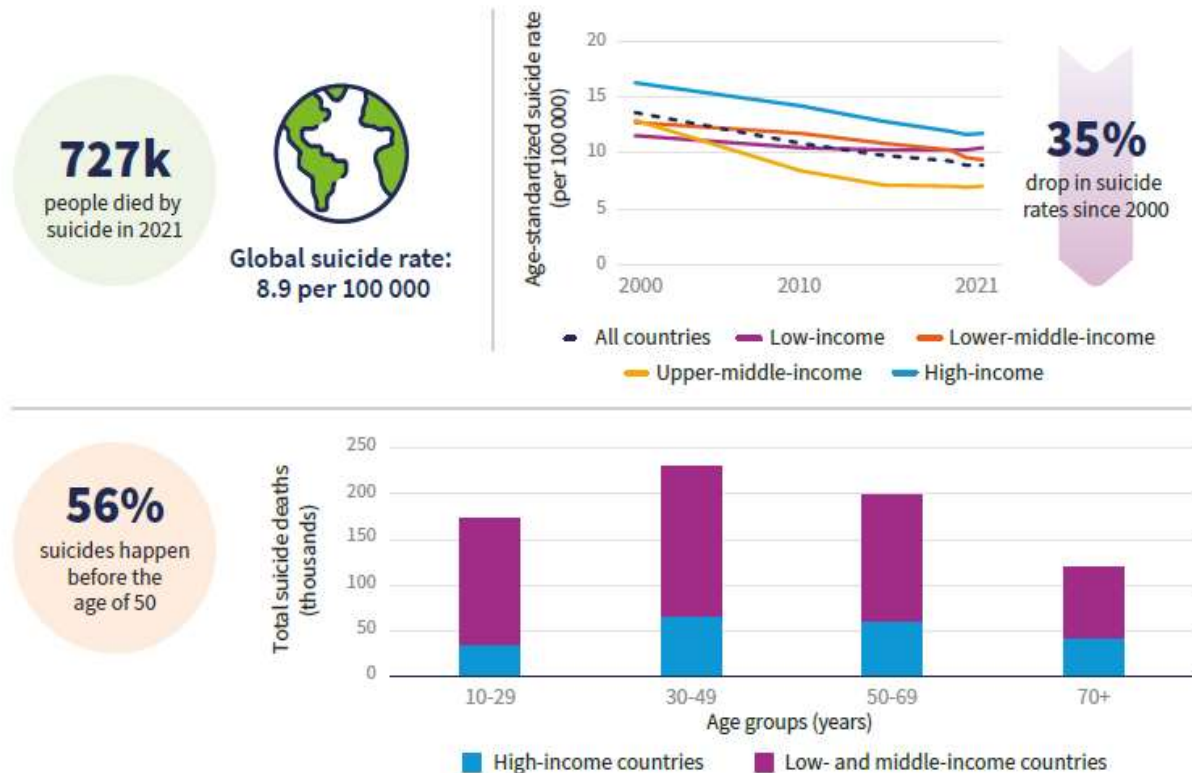
• Sleep Disorders and Insomnia

The disruptions in sleep patterns became one of the most prominent consequence of stress induced by the pandemic, many studies interrogating the psychological outcomes of the lockdown on students suggest that they voiced their difficulties in initiating sleep as well as experiencing inadequate durations of sleep (Sun et al., 2021; Taylor et al., 2011; Zhang et al., 2025). These disturbances were largely attributable to disrupted circadian rhythms resulting from altered daily routines, prolonged indoor confinement, and excessive screen exposure. Such sleep disruptions played a mediating role between pandemic-related anxiety and suicidal ideation, with insomnia identified as an independent and significant predictor of suicide risk (Bajaj et al., 2020; Gaur et al., 2020). Female students and individuals with chronic medical conditions were particularly susceptible to sleep disturbances, mirroring broader patterns of heightened anxiety and depressive symptoms considering that they also had an adverse effect on the ability for prolonged hours of study due to delirium that is a common effect of sleeplessness, leading to adverse impact on learning abilities which furthered the mental health crisis in question (Majumdar et al., 2020).

• Obsessive-Compulsive Disorder and Suicidal Ideation

Symptoms of obsessive-compulsive disorder (OCD) intensified markedly during the pandemic period which is reflected in how the global prevalence estimates rose from pre-pandemic levels of approximately 3.6% to 21.4% by March 2020, with some seemingly credible scholastic studies reporting prevalence as high as 43% by late 2021 (Zarowski et al., 2024). Public health directives emphasizing hygiene and

contamination avoidance inadvertently legitimized obsessive-compulsive behaviors, precipitating symptom onset in predisposed individuals and exacerbating existing OCD. Students appeared especially vulnerable, consistent with the typical age of OCD onset during late adolescence and early adulthood, commonly between 19 and 20 years. Suicidal ideation increased substantially during the pandemic and was closely associated with elevated depression, anxiety, and sleep disturbances (ibid).



Global Suicide Statistics

Source: (World Health Organization; 2025)

Mental Health Concerns Among Parents and Caregivers

• Parental Stress and Deteriorated Mental Health

Stress amongst parents about the prospects of their children aged below 18 was noticeably higher than non-parent populations, as reported by a Canadian survey which suggests that parents with children under the age of 18 experienced substantially worse mental health than compared to adult individuals without progenies (Gadermann et al., 2021). Such disparity reflects upon the responsibilities and obligation of parenthood that unfolded in myriad ways during the pandemic, resulting in high rates of parental suicidal ideation in comparison to non-parents, also, many respondents claimed their subjugation to deliberate self-harm amongst parents against the non-parent participants (Wu et al., 2020). Scholastic literature suggests that the deterioration of mental health amongst parents was accelerated by a combination of causes that induced stress, ranging from financial insecurity to the fears of worsening pre-existing mental health conditions, along with concerns about being able to meet the requisite household needs such as accommodation and food security (amongst many others) (Thomson et al., 2026). The incremental demands of care giving furthered the intensification of stress on parents because of the shared imposition of “dual burden” which was somewhat unprecedented on account of the gendered division of labour (Waddell et al., 2021). This was also aggravated through the stress incurred in relationships which was

evidenced by the concerns pertaining to physical or emotional domestic violence affecting students, parents, teachers/non-teaching staff alike (Patrick et al., 2020).

- **Parental Coping and Family Connectedness**

Studies suggest that elevated levels of stress led to better parental coping responses especially in situations where parents facing financial strain were more involved in positive parenting behaviors through inculcating a practice of increasing ‘quality time’ with their children. This change in behaviour led to an enhancement of expressions of affection, as well as, garnered greater recognition of resilience amongst children (Racine et al., 2020). The distress amongst parents at the behest of their existing mental health conditions led to heightened and emotional response towards children and alleviated an inclination towards compensatory caregiving behaviors (Blanden et al., 2021), although, the increase in parental stress also deteriorated familial interactions and led to an adverse impact which is reported through an increment in ‘conflict, harsher disciplinary practices and verbal aggression’ (Hoagwood et al., 2021), such a multidirectional relationship establishes a critical role of parental mental health in safeguarding child well-being (Tong et al., 2025).

- **Caregiver Burden and Isolation**

Apart from parents, fellow caregivers in the family, especially those responsible for taking care of the elderly, as well as, children with disabilities reported elevated levels of stress, anxiety and social isolation during the lockdown (Lester & Michelson, 2024). The stall in community based support services led to a shift in the responsibilities and obligations of caregiving disproportionately within households (Anderson et al., 2021). The psychosocial research conducted in India reflects upon how pre-existing socioeconomic inequalities influenced mental health concerns during the pandemic and voiced admonitions regarding biomedical responses which were inadequate in addressing the social determinants of health (Golechha, 2020), such perspectives advocate for systemic, community-oriented interventions rather than exclusively individual-level treatment approaches (Harjule et al., 2021; Parikh et al., 2019; Patra et al., 2020)

- **Mental Health Concerns Among Teaching and Non-Teaching Staff**

- **Burnout and Occupational Stress in Teachers**

The burnout that teachers felt during the pandemic has been mentioned in various studies, studies suggest that symptoms of anxiety disorder were rampant amongst educators and rather heightened after the lockdown measures were eased and persisted for as long as two years in the following years. Teacher burnout manifested differently from student anxiety, characterized by emotional exhaustion, depersonalization, and reduced professional efficacy-core dimensions of the Maslach Burnout Inventory (Zeng et al., 2025). Early-career teachers and those from minority backgrounds have often been susceptible to subjugation of stress and anxiety (Fernet et al., 2012). The transition towards virtual teaching which posed questions about the teachers’ technological adeptness without providing the requisite training and technical support has been highlighted as a major cause of stress amongst educators because they were expected to acquire digital competencies alongside addressing the emotional needs of their students (Owens, 2022). After the lockdown restrictions were eased, the reintegration into in-person classrooms also added to the challenges because the teachers then had to adapt to an environ of hybrid instructional models (i.e., integration of both virtual and in-person pedagogical techniques) which furthered responsibilities of controlling the infection (Guan, 2021). The disparities amongst gender on account of the disproportionate burden of labour were evident amongst female teachers who exhibited instances of

being emotionally exhausted (Schmitt, 2021), especially in rural settings, as documented in Indian studies (Mathrani et al., 2023).

- **Parental Mindfulness and Family Outcomes**

Mindfulness interventions for parents demonstrated positive effects comparable to teacher outcomes. Mindful parenting, defined as bringing present awareness, emotional awareness, non-judgmental acceptance, and compassion to parent-child relationships (Duncan et al., 2009), correlated with more positive interactions, improved behavior management, reduced child behavior problems, and enhanced parental well-being (Bögels et al., 2014; Coatsworth et al., 2015; Rutherford et al., 2015). Research on Mindfulness-Based Stress Reduction with parents of children with developmental delays showed equal effectiveness for both Latinx and non-Latinx parents in improving parental mental health, including reduced parenting stress, decreased depressive symptomatology, enhanced life satisfaction, and reduced parent-reported child behavior problems (Neece et al., 2019). Empirical support for MBSR in families of children with developmental disabilities includes decreases in stress and other psychosocial difficulties alongside improvements in mindfulness awareness, psychological well-being, and self-compassion (Bazzano et al., 2015; Chan & Neece, 2018; Dykens et al., 2014). In families without disabilities, Mindfulness-Based Parenting interventions surpassed parenting education alone. Mothers receiving mindfulness-enhanced versus standard parenting education demonstrated reductions in parenting stress, increased emotional awareness, improved parent-child relationship quality, and elevated overall mindfulness (Chaplin et al., 2021). A large-scale randomized trial of mindfulness-enhanced strengthening families programs for parents of 10–14-year-olds showed that compared to parent training alone, mindfulness enhancement resulted in stronger and more sustained effects including higher interpersonal mindfulness, better parent-youth relationships, improved youth behavior management, and enhanced parental well-being at post-intervention and 1-year follow-up (Coatsworth et al., 2015).

- **Physical Activity and Behavioral Coping Strategies**

Regular physical activity stood out as a powerful shield against worsening mental health, a research conducted on Chinese university students revealed tight inverse links between steady exercise habits and the intensity of anxiety or depression, especially with resistance training and stretching (Zarowski et al., 2024). The benefits scaled with frequency amongst those exercising routinely as studies suggest that such people fared much better mentally than their inactive counterparts. During lockdowns, telepsychiatry and telehealth surged in India via national helplines, virtual counseling, and public campaigns (Balrakshabharat, 2024). Yet hasty scaling often skipped proper training and setup, leading to spotty quality and poor access for underserved groups.

Psychosocial Approaches vs. Biomedical Frameworks in India

- **Systemic and Community-Based Perspectives**

Indian public health scholarship emphasizes the limitations of purely biomedical mental health responses and advocates for integrative, community-based approaches addressing structural determinants such as poverty and service inequities (Golechha, 2020). National programs including Rashtriya Kishor Swasthya Karyakram were identified as potential platforms for scalable mental health integration, though implementation gaps remain. Challenging the conventional notions of individualistic mental health response, scholars and practitioners have highlighted the need for recognizing structural determinants like poverty, food insecurity, housing instability, limited mental health workforce capacity and fragmented service systems need due recognition and the field of mental health concerned social workers have been

vehemently emphasizing on the need to curb the dissociation of ‘mental health’ from following facets of well-being.

Research Gaps and Plausible Research and Methodological Concerns

Despite extensive research, significant gaps persist. Comparative analyses across students, parents, and teachers remain scarce; non-teaching staff are understudied; long-term intervention effectiveness data are limited; and culturally responsive research in non-Western contexts remains insufficient (Phan et al., 2022; Tudor et al., 2023). Future research should employ longitudinal, mixed-methods designs addressing multiple stakeholder groups simultaneously, integrate implementation science frameworks, and prioritize contextually adapted, gender-responsive interventions within existing educational systems. This study advocates that the need of addressing the context and cultural specificity, as well as furthering the practices that are more accepted and bereft of stigma.

Methodology

This study was inclined towards qualitative methods for carrying out its investigation, drawing on in-depth semi-structured interviews to unpack post-COVID mental health struggles and coping tactics among key players in education. Through emphasizing on raw, personal accounts from students, parents, and teaching/non-teaching staff at one Gurugram, Haryana school, the approach traded wide reach for rich, site-specific insights into India's urban schooling scene. This study deployed purposive sampling within a semi-privately funded school in Gurugram with the intent of encompassing social-economic strata to provide a cohesive picture of the school level educational scenario. The cohorts were categorized into three sub-categories on the basis of the different roles and responsibilities assigned to different stakeholders:

- **Students:** this cohort comprised of respondents aged between 14-18 years representing the secondary and senior secondary students (i.e., students under matriculation and intermediate);
- **Parents:** this cohort consists of primary caregivers (i.e., parents and familial relatives) who are involved in mediating the adolescent vulnerabilities during academic transitions;
- **Teaching/Non-Teaching Staff:** this cohort consists of teachers and administrative personnels who are either actively or retroactively involved in the process of education.

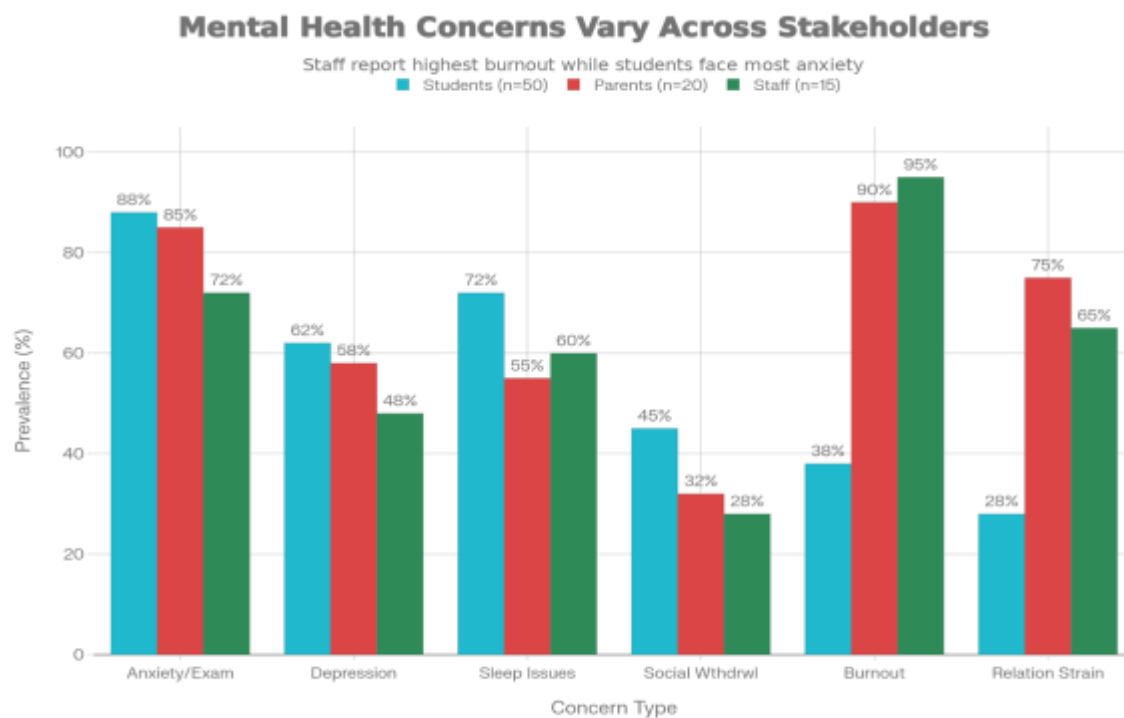
The lead investigator recruited the respondents personally and secured an informed consent form amongst adults and assent form from students (with approval from parents). The respondents were screened on the basis of their association with school (either as a student, parent or teaching/administrative experience) who were actively involved in the pedagogical process during the pandemic and identified their mental health concerns themselves. The data collection process involved in-person semi structured interviews which lasted around 45-60 minutes each, they were conducted in Hindi/English (as per the convenience of the respondents) during December, 2025.

The process of data collection was designed to meet the key objectives of the research which aligned the three pertinent points of investigation concerning, (i) the most commonly occurring mental health concerns in the aftermath of the pandemic such as anxiety, exhaustion or familial stress, (ii) tactics and coping mechanisms that were often attempted, either personally or socially as mandated by the policies and recommendations by the school in tandem with the national, state and local level deliberations regarding solving the mental health predicaments faced by different stakeholders in question; and (iii) the effectiveness of these aforementioned coping mechanisms with regards to the respondents personal

experience with them and what were the roadblocks they encountered in its pursuit. This research sought due permission from the concerned authorities (i.e., school's administration, parents etc.) and respondents for recording the interview and transcribing them. The field observations took cognizance of the body language as well as how comfortable respondents were in discussing the issues at hand, along with the set and setting of the interviews. Terms like 'anxiety', 'burnout' and 'resilience' are conceptually heavy and relatively difficult to find a colloquial synonym for in the local language, one of the most pressing challenges that the principal investigator faced during the course of the study was to ascertain if the questions and their responses were truly comprehended, instead of 'confirming' into one's own bias.

Analysis and Overview of Findings

Interviews undertaken concluded distinct mental health patterns of the respondents and cohorts as mandated by their specific social role, in the process of imparting, evaluating, facilitating and undertaking 'education', with nearly universal difficulties in social reintegration manifesting through different attributes across stakeholder groups.



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The study reflected differential mental health burdens across stakeholder cohorts

- **Students (n=50)** demonstrated anxiety as the predominant concern (88%), furthered by the pressure of comprehending the stipulated academic curricula in a compressed amount of time and stress pertaining to examination and results. The transition to in-person learning created acute psychological strain, with 72% reporting sleep disturbances from "late-night panic study sessions." Social withdrawal affected 45%, concentrated among introverted students who had become habituated to isolation. Interview data revealed that students experienced reintegration anxiety as a return to performative vulnerability and that their academic competence was now publicly visible and measurable after 18 months of unmeasured remote learning. Many interviewed students shared a similar sentiment which is quoted here "Schools reopened but the world was scary. I missed so many chapters, teachers rushed

everything, and my FOMO (i.e., fear of missing out) about exams turned into insomnia." (Student S28, Grade 10).

- **Parents (n=20)** experienced the highest burnout rates (90%), manifesting as chronic occupational and relational exhaustion. Unlike students' acute anxiety spikes, parental distress was steady-state fatigue. Relationship strain affected 75%, with marital conflict emerging from divergent pandemic coping styles and unequal domestic labor distribution. Economic stress (60% reporting income decline) compounded burnout, creating a "three-layer exhaustion" of work demands, child emotional support, and financial anxiety. Many interviewed students shared a similar statement, "My daughter's anxiety became my anxiety, because her cries and despair had me distraught, I couldn't sleep because of how anxious she was feeling, alongside petty scuffle my husband and I over whose career requires matters more, it has been three years since then, and I still feel emotionally and physically drained on account of those experiences." (Parent P11)
- **Teaching/Non-Teaching Staff (n=15; 10)** this cohort's responses reported the most admittance of the prevalence of exhaustion on account of the changing nature of the demands required from their vocation, especially amongst teachers, who described the pressures of having to manage "double classrooms" (i.e., in occasions when classes were conducted in hybrid manner, whereby they had to address and educate those students who were present in the class, as well as, those who were joining remotely), herein, they would have to exercise 'behavioral regressions' which was explicitly taxing because it required them to exercise emotional labour to re-teach (as well as, re-evaluate) social norms. The data collected from the interviews expressed that similar yet distinct challenges of reintegration were persistent amongst non-teaching staff as well, while they didn't report exuberant about their anxieties but instead about the fatigue they faced due to the persistent and unrelenting demands. Teachers often expressed that "Kids came back feral, with no listening skills, no patience for sitting. I'm a teacher, not a behavioral therapist, but I had to become both." (Teacher T07)

Coping Strategy Effectiveness Varies by Group

Religious practices rate highest across all stakeholders



Each cohort adopted different coping strategies to mitigate their mental health concerns, herein, the context specificity and the practices that are most culturally appropriate tended to garner more granular insights about the prominence of various strategies and the respondent's rationale about adhering to them. Religious and spiritual practices emerged as the single most effective coping strategy (4.4–4.5/5 across all groups) despite minimal institutional promotion or Western psychological validation. Participants described religious practice as providing "reset moments" where attention shifted from pandemic-related anxiety to transcendent frameworks. Temple visits, prayer, meditation/yoga, and reading spiritual texts functioned as culturally congruent, accessible interventions requiring no specialized training or resources. Whereas, some students who adhered to the said coping mechanism in question stated that "I don't understand 'mindfulness' from psychology class, but temple visits reset my mind completely. Prayer reminds me that life is bigger than boards." (Student S52, Grade 11), while teachers voiced "Daily prayer is the only time I'm fully present and calm. It's not therapy, it's medicine." (Teacher T11) The study's findings tended to suggest that institutional mental health interventions that dismiss or minimize religious coping risk undermining the most accessible, culturally appropriate, and effective strategy. Schools should leverage existing spiritual infrastructure (partnerships with temples, prayer rooms, cultural observances) as mental health resources.

Reintegration Domain	Stakeholder Group	No/Mild Challenge (%)	Moderate Challenge (%)	Severe Challenge (%)	Mean Severity (0-3)
Returning to Crowds					
	Students	37%	45%	18%	1.82
	Parents	25%	50%	25%	2.0
	Staff	30%	43%	25%	1.88
Fear of Social Judgement					
	Students	43%	24%	15%	1.72
	Parents	38%	48%	14%	1.76
	Staff	28%	50%	22%	1.94
Lost Social Skills					
	Students	28%	50%	22%	1.94
	Parents	23%	55%	22%	1.99

	Staff	50%	38%	12%	1.62
Relationship Rebuilding					
	Students	50%	38%	12%	1.62
	Parents	44%	42%	14%	1.70
	Staff	44%	42%	14%	1.76
Group Activity Difficulty					
	Students	38%	48%	14%	1.76
	Parents	28%	55%	17%	1.84
	Staff	30%	56%	14%	1.84
Emotional Dysregulation					
	Students	27%	54%	19%	1.89
	Parents	20%	60%	20%	2.00
	Staff	24%	58%	18%	1.94

Social reintegration challenges were nearly universal, with 60–80% of all stakeholders experiencing moderate-to-severe difficulty across domains. Parents show marginally higher severity (mean=1.94 across domains), suggesting adult responsibilities compound social reintegration stress beyond what students/staff experience. The process of reintegration in the aftermath of COVID induced lockdowns consequentially led to social and emotional turmoil universally across all cohorts, although, it took different forms amongst distinct stakeholder cohorts that the study had identified, while, anxieties amongst students stemmed from exuberant academic demands, whereas parents expressed extreme burn out on account of shuffling the dual responsibilities propping up at home and work simultaneously, and the teaching/non-teaching staff went through occupational exhaustion due to having to devise new and creative methods for availing congruence with digital technologies to maintain transparency and accountability that propped up new challenges for behavioral management and the new found demands of adapting to the newer technologically driven system. Amongst all cohorts, 60-80% of the respondents claimed that they faced moderate-to-severe challenges pertaining to the domain social reintegration due

to the fears regarding ‘crowded spaces, emotional dysregulation and rebuilding relationship. Coping strategy effectiveness diverged sharply from utilization patterns. Conversely, mindfulness-based interventions with strong global evidence failed due to cultural misalignment and inadequate implementation support. Institutional counseling services, despite availability, remained inaccessible due to stigma and irrelevance, representing a critical systems-level failure. Effective post-COVID mental health interventions must be culturally informed, leverage existing community resources (spiritual practices, family networks), remove systemic barriers to service access, and critically evaluate whether evidence-based approaches translate across contexts.

Conclusion

The rupture from the conventional functioning of education led to a high rise of concerns amongst students, parents and teaching/non-teaching staff alike, the lockdown and quarantining of people in their private spaces without having access to public spaces led to many doubts and adequacy issues. Considering that schools are not mere spaces for the fulfillment of the requisites of the curriculum and imparting information required for students to clear their examinations, rather they are social institutions which provide an arena of dialogue, deliberation and different forms of self-actualization, especially through the embodied presence that they require, the expectation of “mindfulness” and “attentiveness” in a social setting where one cannot garner much control became extremely difficult for students, parents and teachers (as well as, non-teaching staff) to carry out the goal of education. This study found that the conventional understanding of mental health concerns keep developing with different socio-political and economic phenomena, they are required to be understood and addressed with a more nuanced understanding wherein the context and cultural specificity, as well as, the practices surrounding the conventions regarding ‘cooping’ tend to be different and should be embraced with intrigue, instead of condescension.

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