

Original Research Article

Impact of COVID-19 pandemic on mental and physical health of students (schools and colleges) and teachers

Surinder Kaur^{1*}, Sangeeta Cheema², Prerna Cheema³, Amandeep Kaur¹, Anju Singla¹

¹Department of Pediatrics, GMC, Patiala, Punjab, India

²Adesh Medical College, Bathinda, Punjab, India

³Karori Mal College, Delhi University, Delhi, India

Received: 31 March 2022

Accepted: 19 April 2022

*Correspondence:

Dr. Surinder Kaur,

E-mail: drsurinderkaur21@gmail.com

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ABSTRACT

Background: Mental health issues are the leading impediment to academic success. During COVID-19 pandemic, a decrease in well-being and an increase in mental health problems were registered. Younger people and women seemed to be particularly affected by the isolation strategies, leading to development of loneliness, anxiety, depression and extreme mental stress. The objectives of the present study were to assess the core symptoms of depression, anxiety and stress in students and teachers during covid pandemic second wave.

Methods: An E-Performa was created as google form. All the students and Teachers were requested to fill this Performa and submit it. The collected responses were analyzed statistically and a $p < 0.05$ was considered to be significant.

Results: A total of 483 responses were collected. Death from COVID was reported either in the family/friend's family or neighbourhood in 122 (27.1%) students and (45.5%) teachers which was very stressful for them and it was significantly associated with negative emotions arising out of depression, anxiety and stress. Sleep pattern was reported to be disturbed in 246 (54.6%) students and 57.6% teachers.

Conclusions: Everyone around the globe was distressed and scared of deadly virus. But young generation was more effected mentally and some physically also. Teachers as well as students should be prepared for such type of disastrous management. Students from underprivileged families should be rehabilitated both for physical and mental health issues.

Keywords: Pandemic, Stress, Online classes, Sleep disturbance, Behavior changes, Arguments

INTRODUCTION

Mental health issues are the leading impediment to academic success. Mental illness can affect student's motivation, concentration, and social interactions-crucial factors for students to succeed in higher education.¹ During the COVID-19 pandemic, a decrease in well-being and an increase in mental health problems were noticed.² Younger people and women were particularly affected by the isolation strategies adopted to contain the pandemic and also lead to development of psychological

distress, loneliness, anxiety, depression, panic states.^{3,4} Due to lockdown all the schools, colleges, universities were closed. Due to closure of schools and colleges, teaching was shifted from face to face student teacher interaction to online classes.⁵ India has the world's second largest school system, after China. According to UNESCO, 63 million teachers were affected in 165 countries. A total of 1.3 billion learners around the world were not able to attend schools or universities, and approximately 320 million learners were affected in India alone.⁶ Since the Indian education system was dominated by classroom study only, the present scenario had made

the functioning of the educational institutions very difficult. Class room teaching was shifted abruptly to online classes.⁶ For attending online classes basic requirements were availability of smart phone, uninterrupted internet connection and continuous electricity supply.⁷ According to the key indicators of household social consumption on education in India report, based on the 2017-18 NSSO, fewer than 15% of rural Indian households have smart phones and internet access (as opposed to 42% urban Indian households).

In a recent survey (2017-18), the ministry of rural development found that only 47% of Indian households receive more than 12 hours of electricity and more than 36% of schools in India operate without electricity. This suggests that while students from families with better means of living can easily bridge the transition to remote learning, but students from underprivileged backgrounds were likely to accede to inefficiency and a lack of adaptation, either because of the inaccessibility of the technology or the low education of their parents to guide them through tech-savvy applications. Non-availability of technical infrastructure and irregular interrupted internet connectivity all across India was the biggest challenge in front of the students and teachers.⁸

Aims and objectives

The objectives of the present study were; to assess the occurrence of core symptoms of depression (frustration), anxiety (sleep disturbances) and stress (change in behavior) in students (college and school) and their teachers from north India (Punjab) during the lock-down period of covid pandemic and to estimate the impact of time spent on their mobile screen/TV screen with negative emotions and to analyze the association of various negative emotional states with other factors.

METHODS

The present study is an online survey. An E-Performa was created at Google as a Google form. It was in the form of a semi structured questionnaire which included questions about demography, the time spent on screen, and mass media during the period of lock-down. Questions regarding changes in behaviour, personality and sleep pattern were asked. Any weight loss/gain due to faulty food habits during lockdown. Negative emotional states arising from COVID-19 virus infection in family/friends/neighborhood and death from covid virus infection in family/friends/neighborhood were widely used in epidemiological studies. Auto translation of the questionnaire was done in Hindi and Punjabi to circulate amongst rural students to avoid any understanding difficulties in them. Questionnaire was same for the teachers and students to avoid any discrepancy in responses.

Although no structured depression, anxiety, stress scale was used but the questions regarding core symptoms of

depression, stress and anxiety were included. As sleep disturbance is the core symptom arising from depression, anxiety and stress. Question regarding sleep disturbances and use of medication for sleep induction is included. Similarly in depression there is lack of interest and concentration/ inattention, frustration and heated arguments with parents/frequent fights in siblings are the core symptoms. In anxiety there is phobias, scared feeling, excessive sweating, disturbed eating habits, weight gain/loss. Head teacher/principal of respective schools (one from rural area and one from urban area of Punjab) and one college were explained about the aims and objectives of the study telephonically. Telephonically permission was sought to share this Google form with students along with their homework. All the students were directed by their teachers to fill this form and submit. Teachers were also requested to fill the Performa by themselves and submit.

The study period was April 2021 to May 2021 (2nd wave of covid pandemic). All the responses were collected and an Excel sheet was prepared. Data analysis was done using SPSS Statistical software. Data was presented as frequency tables and the associations of the negative emotional states with other factors were assessed using chi squared test. A $p < 0.05$ was considered statistically significant. The survey was conducted adhering to the ethical principles for medical research involving human subjects of WMA Declaration of Helsinki, 2013.

RESULTS

In present study a total of 483 responses were received. Out of this 381 (78.8%) were schools students, 69 (14.2%) college students and 33 (6.8%) were teachers. Females 368 (76.1) participation was more than males. Students from urban and rural areas responded almost equally (Table 1).

Table 1: Background characteristics.

Variables	Frequency,	
	N	(%)
Gender wise distribution of study population		
Male	115	23.8
Female	368	76.1
Place of residence of students		
Rural	221	49.1
Urban	229	50.9
Course of participant		
School students	381	78.8
College students	69	14.2
Teachers	33	6.8

Majority 246 (54.7%) of students and teachers (60.6%) had covid virus infected persons either in family /friends or neighborhood and they were scared of the disease whenever they hear such news. Death from covid virus infection was reported in 122 (27.1%) students' and

Teachers' (45.5%) family/friends/neighborhood which further stressed them and it was statistically significant.

Because of lockdown, all schools and colleges were closed.

Table 2: Responses of students for questions regarding the current situations.

Variables		N	%
Age of students (years)	10-12	33	7.3
	13-15	183	40.7
	16-18	165	36.7
	>19	69	15.3
Gender	Male	104	23.1
	Female	346	76.9
Demography	Rural	221	49.1
	Urban	229	50.9
Any person suffered from COVID infection in your family/friends/neighborhood	Yes	246	54.7
	No	204	45.3
Any death from COVID infection in family /friends/neighborhood	Yes	122	27.1
	No	328	72.9
Do you have loss in family income	Yes	176	39.1
	No	274	60.9
Do you always likes teaching by online class	Yes	158	35.1
	No	233	51.8
	Sometimes	59	13.1
Are you missing school/college environment and friends	Yes	388	86.2
	No	36	8.0
	Sometimes	26	5.8
Do you feel any change in your behavior	Yes	292	64.9
	No	100	22.2
	Sometimes	58	12.9
Do you notice change in sleep pattern during lockdown	Yes	246	54.6
	No	166	36.8
	Sometimes	38	8.4
Use of any medicine for sleep induction	Yes	105	42.6
	No	133	54
	sometimes	8	3.4
Do you feel frustrated	Yes	332	73.8
	No	79	17.6
	sometimes	39	8.7
Do you have heated arguments with your parents and fights with siblings	Yes (always)	110	24.4
	No	288	64.0
	Sometimes	52	11.6
How much is your screen time during lockdown	Less than 6 hrs	207	46.0
	6-10 hrs	195	43.3
	More than 10 hrs	48	10.7
Do you feel any weight gain during lockdown	Yes	216	48.0
	No	191	42.4
	May be	43	9.6
Do you have weight loss during lockdown	Yes	139	30.9
	No	271	60.2
	May be	40	8.9
Are you doing physical exercise/yoga regularly during lockdown	Yes	247	54.9
	No	156	34.7
	Sometimes	47	10.4

Class room teaching was shifted to online classes. 233 (51.8%) school students, 71% college students and 90.9% teachers did not like teaching through online teaching methods. Sleep pattern was disturbed in 246 (54.6%)

students, 57.6% teachers and 105 (39.7%) students and 21.2% teachers had to take medicine for sleep induction. Sleep disturbances and use of medicine for sleep induction was more in college students 49 (71.1%). This was statistically significant (Table 4).

Table 3: Responses of teachers for questions regarding the current situations.

Factors		N	%
Age (years)	<30	2	6.1
	30-40	8	24.2
	40-50	9	27.3
	>50	14	42.4
Gender	Male	11	33.3
	Female	22	66.7
Any person suffered from COVID infection in your family/friends/neighborhood	Yes	20	60.6
	No	13	39.4
Any member lost life in family/friends/neighborhood	Yes	15	45.5
	No	18	54.5
Do you have loss of family income	Yes	20	60.6
	No	13	39.4
Do you always likes teaching by online class	Yes	1	3.0
	No	30	90.9
	Sometimes	2	6.1
Any change in your behavior during Pandemic	Yes	24	72.7
	No	4	12.1
	Sometimes	5	15.2
Any change in your sleep pattern during lockdown	Yes	19	57.6
	No	11	33.3
	Sometimes	3	9.1
Use of any medicine for sleep induction	Yes	7	21.2
	No	26	78.8
	Sometimes	0	0
Do you feel frustrated	Yes (always)	18	54.5
	No	7	21.2
	Sometimes	8	24.2
Do you have heated arguments with your parents/children	No	8	24.2
	Yes	14	42.4
	Sometimes	11	33.3
How much is your screen time during lockdown (hours)	Less than 6	8	24.2
	6-10	13	42.4
	More than 10	12	34.4
Do you feel any weight gain during lockdown	Yes	16	48.5
	No	14	42.4
	May be	3	9.1
Do you have weight loss during lockdown	Yes	8	24.2
	No	25	75.8
	May be	-	-
Are you doing exercising/yoga regularly during this period	Yes	17	51.5
	No	8	24.2
	Sometimes	8	24.2

Due to lockdown, participants had no meeting with friends and no outings. 92.7% school students and 95.7% college students were missing their school/college friends. Because of lack of emotional support from peer groups, 73% students and 54.8% teachers were feeling frustrated and had heated arguments with children/parents /frequent fights with siblings. This was statistically significant.

Due to decreased movement out of the house, screen time was reported to be increased. Screen time of 6-10 hours

was responded by 43.3% (students) and 42.4% (teachers) but 54.2% of students and 51.4% teachers were doing yoga/exercise regularly to keep them fit. This was statistically significant (Table5).

Negative emotional states like change in behavior, disturbed sleep pattern and arguments with parents were significantly associated with other factors like age of students, screen time, COVID infection and death in family/friends/neighborhood (Table 6).

Table 4: Age wise distribution of student's responses.

Age (years)	Response	10-12		13-15		16-18		>19		Total N
		N	%	N	%	N	%	N	%	
Any person suffered from COVID-19 disease in your family/friends/neighborhood	Yes	16	48.5	105	57.4	64	38.8	61	88.4	246
Demography	Rural	9	27.3	122	66.7	86	52.1	4	5.8	221
	Urban	24	72.7	61	33.3	75	45.5	65	94.2	225
Any member lost life due to covid infection in famil / friends/neighborhood.	Yes	10	30.3	27	14.8	43	26.1	43	26.1	122
Do you have loss of family income during COVID pandemic	Yes	19	57.6	71	38.8	55	33.3	31	44.9	176
Do you always likes teaching through online class	Yes	9	27.3	78	42.6	63	38.2	6	8.7	156
	No	16	48.5	85	46.4	83	50.3	49	71.0	233
	Sometimes	8	24.2	19	10.4	18	10.9	14	20.3	59
Are you missing school/college friends	Yes	30	90.9	139	76.0	153	92.7	66	95.7	388
	No	2	6.1	27	14.8	6	3.6	1	1.4	36
	Sometimes	1	3	17	9.3	6	3.6	2	2.9	26
Any change in your sleep pattern	Yes	23	69.7	90	49.2	84	50.9	49	71.0	246
	No	8	24.2	75	41.0	68	41.2	15	21.7	166
	sometimes	2	6.1	18	9.8	13	7.9	5	7.2	38
use of any medicine for sleep induction	Yes	5	15.2	54	37.7	28	17.0	49	71.0	105
	No	18	84.8	28	27.9	56	37.9	0	0	133
	sometimes	0	0.0	8	4.4	0	0.0	0	0.0	8
Do you feel frustrated	Yes	25	75.8	135	73.8	121	73.3	51	73.9	332
	No	5	15.2	35	19.1	32	19.4	7	10.1	79
	sometimes	3	9.1	13	7.1	12	7.3	11	15.9	39
Do you have heated arguments with parents and fights with siblings	Yes	14	42.4	33	18.0	31	18.8	32	46.4	110
	No	11	33.3	138	75.4	119	72.1	20	29.0	288
	sometimes	8	24.2	12	6.6	15	9.1	17	24.6	52
How much is your screen time	<6hrs	12	36.4	83	45.4	103	62.4	9	13.0	207
	6-10hrs	16	48.5	85	46.4	52	31.5	42	60.9	195
	>10hrs	5	15.2	15	8.2	10	6.1	18	26.1	48
Do you feel any weight gain	Yes	21	63.6	83	45.4	72	43.6	40	58.0	216
	No	9	27.3	77	42.1	82	49.7	23	48.0	191
	sometimes	3	9.1	23	12.6	11	6.7	6	8.7	43
Do you have weight loss	Yes	7	21.2	65	35.5	55	33.3	12	17.4	139
	No	25	75.8	101	55.2	96	58.2	49	71.0	271
	sometimes	1	3.0	17	9.3	14	8.5	8	11.6	40
Exercise done regularly	Yes	22	66.7	110	60.1	99	60.0	16	23.2	247
	No	9	27.3	54	29.5	50	30.3	43	62.3	156
	sometimes	2	6.1	19	10.4	16	9.7	10	14.5	47

DISCUSSION

COVID-19 virus infection was perceived worldwide as a major threat to health and a danger to the global economy. It affected people's lives with feelings of panic, anxiety, stress and depression. In the present study the vulnerable population is students from schools, colleges and their teachers. Female responded more than males (76.9%). but in contrast to our study Jiao et al reported

that age group of study participants were 6-18 years, male/female participation was equal. But Ravichandran et al reported that males responded more than females (64.7%/32.3%), all the participants were between 17-25 years of age group. Because of the lack of emotional support from peer groups, most of the students were feeling frustrated and had heated arguments with parents/family members were reported amongst students and teachers (73% and 54.8%) also.

Table 5: Association of age with various factors.

Factor		10-12	13-15	16-18	>18	95% CI		Chi-square value %	P value
		N	N	N	N	Lower	Upper		
Any person suffered from COVID in your family/ friends/ neighborhood	Yes	16	105	64	61	-0.205	-0.028	49.533	0.000
Demography	Rural	9	122	86	4	0.166	0.334	89.482	0.000
	Urban	24	61	75	65				
Any member loss in family /friends	Yes	10	27	43	43	-0.358	-0.165	54.196	0.000
is there any loss of your family income	Yes	19	71	55	31	-0.054	0.136	8.025	0.045
Did you like online class	Yes	9	78	63	6	0.032	0.218	32.022	0.000
	No	16	85	83	49				
	Sometimes	8	19	18	14				
Are you missing school/college friends	Yes	30	139	153	66	-0.224	-0.070	28.698	0.000
	No	2	27	6	1				
	Sometimes	1	17	6	2				
Any change in your sleep pattern	Yes	23	90	84	49	-0.141	0.037	14.384	0.026
	No	8	75	68	15				
	Sometimes	2	18	13	5				
use of any medicine for sleep induction	Yes	5	69	28	3	0.097	0.249	55.243	0.00
	No	28	106	137	66				
	Sometimes	0	8	0	0				
Do you feel frustrated	Yes	25	135	121	51	-0.063	0.133	7.970	.240
	No	5	35	32	7				
	Sometimes	3	13	12	11				
Do you have heated arguments with parents/fights with siblings	Yes	14	33	31	32	-0.138	0.088	66.309	0.000
	No	11	138	119	20				
	Sometimes	8	12	15	17				
How much is your screen time (hours)	<6	12	83	103	9	0.002	0.202	57.810	0.000
	6-10	16	85	52	42				
	>10	5	15	10	18				
Do you feel any weight gain	Yes	21	83	72	40	-0.126	0.069	12.461	0.052
	No	9	77	82	23				
	Sometimes	3	23	11	6				
Do you have weight loss	Yes	7	65	55	12	-0.016	0.159	12.105	0.060
	No	25	101	96	49				
	Sometimes	1	17	14	8				
Exercise done regularly	Yes	22	110	99	16	0.093	0.265	34.990	0.00
	No	9	54	50	43				
	Sometimes	2	19	16	10				
Missing school/college friends	Yes	30	139	153	66	-0.11	0.067	12.931	0.044

This was statistically significant. But as against the positive aspects of lock-down spending more time with family mentioned by Saha and Dutta, in a study by Ravichandran 20.9% said that in this lock-down, quarrels and fights within family had increased and 46.1% said it was same as before.^{12,14,18} This could be because the psychological distress doesn't find any other exit, but their own family members only. In present study 64,7%

students and 72.9% teachers had change in behavior in lockdown period. Though schools were closed, students were attending their classes through various education initiatives like online classrooms, radio programs. Though it is a good thing happening on the other side, but there are lots of students who didn't own the resources to attend the online classes and suffer a lot.

Table 6: Associations of negative emotional states with various factors.

Particular	N (%)	Changes in behaviour		Sleep pattern disturbed		Arguments with parents/siblings	
		N (%)	P value	N (%)	P value	N (%)	P value
Age (years)	292 (64.9)	51(17.5)	0.044	90 (36.6)	0.026	110 (24.4)	0.000
Screen time	292 (64)	36 (12.3)	0.178	115 (46.5)	0.000	110 (24.4)	0.000
COVID infection in family	246 (54.7)	160 (54.8)	0.987	145 (58.9)	0.005	61 (55.5)	0.031
Death in family with COVID	122 (21.7)	92 (31.5)	0.003	88 (72.1)	0.000	45 (36.9)	0.000
Do not like teaching through online classes	233 (51.8)	153 (52.4)	0.239	76 (30.9)	0.117	33 (21.8)	0.000

Many students are struggling to obtain the gadgets required for online classes.¹⁶ Educated parents are supporting their children throughout the pandemic, but we require understanding that there are some illiterate parents and their feeling of helplessness to help their children in their education.¹⁷ This was the main cause of anxiety, stress and depression in students. Similar was the case of teachers. In our study 51.8% students and 90.2% teachers do not like teaching through online classes. Sleep, as a very important health-related factor, has been found to play a role in the development of many diseases.¹⁷⁻¹⁸ As for the role of night sleep duration in incidence of depression, a recent meta-analysis of prospective studies concluded that excessively short or long sleep duration was associated with incidence of depression in adult. Ravichandran reported that 402 (55.3%) slept more in the day and this was found to be significantly associated with anxiety and stress, 68.4% students said that their sleep duration is increased and but this was not associated with the negative emotional states.¹² Disturbed sleep pattern (n=258) was associated with depression and stress, consistent with the study by Zhang et al. Also, as in the study by Yujie decreased night time sleep was associated with depressive symptoms.^{20,21} In our study sleep pattern was disturbed in 64.9% students and 57.6% teachers. Out of this 42.9% students and 21.2% teachers were taking medicine for sleep induction. It had statistically significant association with age, COVID infection in, death from covid infection in family/friends/neighborhood and screen time of 6-10 hours.

Anxiety, stress and depression also presents with changes in behavior and personality.²² Students were feeling frustrated, had frequent fights with siblings and had heated arguments with parents also. In present study 64.9% students had changes in behavior and personality, 73.8% were feeling frustrated but only 24.4% of students had heated arguments with parents. This was significantly associated with COVID infection, death in family/friends /neighborhood, stress of online classes, increased screen time. Sood.¹⁶ Depression and stress were more common in those who reported that the time they spend with their family makes them sad and irritated and those who said that the time they spend with their friends is now reduced.

There is a general belief that physical activity and exercise have positive effects on mood and anxiety and a great number of studies describe an association of physical activity and general well-being, mood and anxiety.²³ Instead of lockdown 54.9% students responded to had been doing yoga/exercise regularly, female students (56.4%) responded more than males. This was statistically significant. With such measures this period could be made productive and happy instead of getting mentally affected by the situations around. For those, who are feeling affected, psychologically interventions must be carried out quickly.

Limitations

Since this study was conducted in limited number and that too amongst students mainly, who are considered to be the happier lots, results could not be generalized for opinion making.

CONCLUSION

Everyone around the Globe was distressed and scared of deadly covid virus. But students and their teachers were more effected mentally and some physically also. Measures to deal with such psychological distresses should be encouraged in schools and colleges. Teachers as well as students should be trained to deal with such type of situations.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Unger K. Handbook on supported education: providing services for students with psychiatric disabilities. USA: Book Surge Publishing; 2007.
2. Holm-Hadullaa RM. Well-being and mental health of students during the covid-19 pandemic. *Psychopathol*. 2021;54:291-7.
3. Coronavirus in India: PM Modi announces 21-day national lock-down. Available at: <https://www.india today.in/india>. Accessed on 20 May 2020.

4. In coronavirus lock-down extension, Modi wields stick, offers carrot on exit route. Available at: <https://www.indiatoday.in/coronavirus-outbreak/story/in-coronavirus-lockdown-extension>. Accessed on 20 May 2020.
5. Thakur V, Jain A. COVID 2019-suicides: A global psychological pandemic. *Brain, Behavior, and Immunity*. 2020;88:952-3.
6. Rawal M. An analysis of COVID-19 impacts on Indian education system. *Edu Resurg J*. 2021;2(5):45-9.
7. Schooling disrupted, schooling rethought: how the COVID-19 Pandemic is changing education. Available at: https://read.oecd-ilibrary.org/view/?ref=133_133390-1rtuknc0hi&title=Schooling-disruptedschooling-rethought-How-the-Covid-19-pandemic-is-changing-education. Accessed on 3 June 2020.
8. Impact of Covid-19 on school education in India. Available at: <https://timesofindia.indiatimes.com/readersblog/theenchantedpen/>. Accessed on 3 June 2020.
9. Reynolds DL, Garay JR, Deamond SL, Moran MK, Gold W, Styra R. Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect*. 2008;136(7):997-1007.
10. School education. Available at: <http://www.education.ie/en/Schools-Colleges/Information/Information-CommunicationsTechnology-ICT-in-Schools/Digital-Strategy-for-Schools/Building-Towards-a-Learning-Society-ANational-Digital-Strategy-for-Schools-Consultative>. Accessed on 3 June 2020.
11. Jiao WY. Behavioral and emotional disorders in children during the COVID-19 Epidemic *J Pediatr*. 2020;221:264-6.
12. Ravichandran SP. Psychological impact of COVID-19 lock-down on college students across India: a cross sectional study. *Int J Commu Med Public Health*. 2020;7(12):4917-26.
13. Kazmi SS, Hasan K, Talib S, Saxena S. COVID-19 and Lockdwon: A Study on the Impact on Mental Health. Available at: <http://dx.doi.org/10.2139/ssrn.3577515>. Accessed on 25 May 2020.
14. Saha S, Dutta T, A Study on the Psychological Crisis during the Lock-down caused due to Covid-19 Pandemic. *Afric J Biol Medic Resea*. 2020;3(2):41-9.
15. Bradbury-Jones C, Isham L. The pandemic paradox: the consequences of COVID-19 on domestic violence. *J Clinic Nurs*. 2020.
16. Sood S. Psychological effects of the Coronavirus disease-2019 pandemic. *Res Human Med Edu*. 2020;7:23-6.
17. Mental Health Considerations During COVID-19 Outbreak. Available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-MentalHealth-2020.1>?. Accessed on 25 May 2020.
18. Reynolds DL, Garay JR, Deamond SL, Moran MK, Gold W, Styra R. Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiol Infect*. 2008;136(7):997-1007.
19. Moynihan AB, Van Tilburg WA, Igou ER, Wisman A, Donnelly AE, Mulcaire JB. Eaten up by boredom: Consuming food to escape awareness of the bored self. *Front Psychol*. 2015;6:369.
20. Buheji M, Jahrami H, Dhahi A. Minimising Stress Exposure During Pandemics Similar to COVID-19. *Int J Psychol Behav Sci*. 2020;10(1):9-16.
21. Lemola S, Perkinson-Gloor N, Brand S, Dewald-Kaufmann JF, Grob A. Adolescents' electronic media use at night, sleep disturbance, and depressive symptoms in the smartphone age. *J Youth Adolesc*. 2015;44(2):405-18.
22. Lin LY, Sidani JE, Shensa A, Radovic A, Miller E, Colditz JB, et al. Association between social media use and depression among US young adults. *Depress Anx*. 2016;33(4):323-31.
23. Ströhle A. Physical activity, exercise, depression and anxiety disorders. *J Neuro Trans*. 2009;116(6):777.

Cite this article as: Kaur S, Cheema S, Cheema P, Kaur P, Singla A. Impact of COVID-19 pandemic on mental and physical health of students (schools and colleges) and teachers. *Int J Community Med Public Health* 2022;9:2260-7.