



# Impact of COVID-19 Pandemic on Psychological Health of College Students in India

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## Abstract

Uncertainty arose by the unprecedented spread of COVID-19 throughout the world, imposing a great challenge on students' psychological resilience. The current study aimed to do a nationwide survey on college students to understand the level of mental impact, stress, and anxiety among them amidst the coronavirus outbreak. We prepared a questionnaire packet having three sections viz. demographic information, Generalized Anxiety Disorder-7 (GAD-7), and possible stressors to collect the responses of students. Out of 414 responses, 32% of students unveiled mild anxiety symptoms, 16.7% moderate level anxiety, and 12% reported severe level anxiety. Demographic factors like age, marital status, degree and year had no significant impact on the anxiety level, whereas COVID-19 stressors such as the impact on academic activities worry about academic delays, and change in daily routine life had a remarkable positive impact on the anxiety level. Residing in an urban area and relative or acquaintance diagnosed with COVID-19 also noticeably triggered the mental sound health of the students. Our finding suggests that looking at the severity of the forthcoming situation, there is an urgent need to develop psychological interventions as a coping mechanism against anxiety to nurture the mental health of these vulnerable college students.

**Keywords:** COVID-19; Pandemic; Anxiety; College students; Mental Health; Psychological stress.

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## 1. Introduction

The 2019 coronavirus disease (COVID-19) that was originated from China's Wuhan in December 2019 has emerged out as the largest outbreak of atypical pneumonia since the severe acute respiratory syndrome (SARS) outbreak in the year 2003.<sup>[1,2]</sup> The public health experts considered it the worst crisis on mankind since the second world war.<sup>[3]</sup> The virus is causing the disease named severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2).<sup>[4,5]</sup> Recent epidemiologic data suggest that general incubation period was realized to be 2-14 days of infection transmitted mainly via respiratory droplets and close contact with the symptoms like fever, tiredness, dry cough, sore throat, headache, *etc.*<sup>[1,4,6]</sup> World health organization (WHO), on 31<sup>st</sup> January 2020, declared this novel coronavirus outbreak as public health emergency of international concern (PHEIC).<sup>[1,7,8]</sup> However, rapid exponential escalation of the virus all over the world prompted WHO to proclaim it as 'pandemic' on the 11<sup>th</sup> of

March 2020.<sup>[4,9,10]</sup> As of 28<sup>th</sup> May 2021, affecting nearly all the countries and union territories, a total of 168,599,045 confirmed cases have been reported worldwide, including 3,507,477 deaths.

India reported the 1<sup>st</sup> COVID-19 positive case on 30<sup>th</sup> January in Kerala. To date (19<sup>th</sup> August 2020), a total of 2,767,273 people got affected in the country, along with 52,889 reported deaths.<sup>[11]</sup> Adopting the global trend aiming the prevention and control against widespread COVID-19 outbreak, the country enforced nationwide lockdown from 25<sup>th</sup> March to 14<sup>th</sup> April, limiting the movement of entire 1.3 billion populations.<sup>[12]</sup> Analyzing the situation, it was further extended, which eventually prolonged to last for more than two months in four subsequent phases till 31<sup>st</sup> May. The educational institution closure following the nationwide shutdown led to an unprecedented impact on more than 60 percent of the student population all over the world.<sup>[13]</sup>

The fear of getting infected, travel restrictions, insecurity of food, social distancing, the spread of misleading information related to COVID-19, fear of unemployment, idea of being isolated, income loss, *etc.* are likely to be associated with the mental health issue such as anxiety, trauma, depression, insomnia, *etc.*<sup>[4-6,14-18]</sup> It is plausible that most adolescents and youngsters have gone through such a stressful

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scenario for the first time in their entire lifespan. The multifarious unpredictability of the emerging pathogen and its relative impact on the college student's future academic and career prospects make them more vulnerable to stress during this unprecedented situation of COVID-19.<sup>[18]</sup> However, rapid increment in the day by day cases and challenges to combat the virus outbreak causing mental health problems slightly being forsaken or overseeing<sup>[4,19]</sup> which ultimately leads to aggravating the suicidal rate during such pandemics as of reported in COVID-19 context too.<sup>[20-26]</sup>

Data collected from previous pandemic and epidemics reveals that psychological disorders such as stress, anxiety, mental trauma, *etc.* are important drivers of individuals' behavior and physical performance.<sup>[6,27]</sup> Many studies reported the psychological health issue associated with COVID-19 all across the nations and professions from healthcare workers to pregnant women to the general public.<sup>[15,28-35]</sup> The overall studies extrapolate the profound negative footprint of the COVID-19 outbreak on the psychological health state of the society.<sup>[36]</sup> Looking at the ongoing scenario, there is a pressing need to deeply understand the psychosocial impact of COVID-19 and imply the empirically needful measure to rectify the issue.

The present study represents the first nationwide survey of the psychological distress of COVID-19 on college students of India. The study aims to investigate the prevalence of stress and anxiety among college students and factors that are influencing that for their psychological wellbeing during and aftermath of the pandemic.

## 2. Methods

### 2.1 Questionnaire Design

A structured questionnaire was prepared to assess the mental health of college students due to the pandemic, which has influenced their daily life as well as academic activities like examinations, placements, research work, *etc.* The introductory paragraph of the questionnaire contained information regarding the purpose of the survey and ethical issues. The questionnaire carried three sections. Section 1 includes demographic information like age, gender, course, and year. Section 2 withholds seven questions about anxiety, whereas questions related to stressors that might cause anxiety were incorporated in section 3. The developed questionnaire was discretionary and solely for academic purposes.

### 2.2 Ethical Consideration

All the respondents were well informed about the objective of the present study prior to proceeding to fill-up the form. After knowing the purpose of the investigation, all the participants willingly participated in the survey and gave their informed consent. Also, anonymity and confidentiality of the data collected was ensured.

### 2.3 Data Collection and Procedure

Data were collected through a web-based survey using

'Google form'. The questionnaire was validated using face validity and pilot study. For the face validity, experts were involved. Pilot study was conducted from 20-24 July 2020, and nearly 120 responses were gathered. After the initial analysis and validation, the questionnaire was further improved with minor corrections (like sentence reformation) as per the suggestions from the experts. Also, the online survey was carry forwarded from 29 July to 08 August 2020. In those 11 days, we got 294 more responses. Eventually, a total of 414 respondents who belongs to 88 different colleges out of 18 states all across the country filled the questionnaire anonymously, which are used in the subsequent analysis. The number of responses collected from each state of India is shown in [Table 1](#). Many participated students were from various eminent institutes of the country.

**Table 1.** Number of responses from each state across India.

State	Responses
Andhra Pradesh	11
Arunachal Pradesh	2
Bihar	3
Chhattisgarh	37
Delhi	21
Gujrat	2
Jharkhand	7
Karnataka	17
Maharashtra	12
Madhya Pradesh	149
Odisha	5
Punjab	9
Rajasthan	6
Telangana	2
Tamil Nadu	2
Uttarakhand	4
Uttar Pradesh	120
West Bengal	5

## 2.4 Measure

### 2.4.1 Demographic Characteristics

The targeted population was the students of engineering, medical, science, and other fields. The 50.7% of the students are pursuing their bachelor's degrees, 22.7% are from master's, and the rest are doctoral students. The other demographic information like age, gender, marital status, year, and information regarding stay during the lockdown and in regular days were measured on a nominal scale, which is shown in [Table 2](#).

### 2.4.2 Generalized anxiety disorder (GAD)

To measure the level of anxiety in college students, generalized anxiety disorder-7 (GAD-7) scale was used. The GAD-7 developed by Spitzer *et al.* 2006 is a valid and efficient tool to measure GAD.<sup>[37]</sup> It is a self-rated measure of GAD.<sup>[38]</sup>

**Table 2.** Demographic characteristics of the sample.

Demographic variables		Number of responses N (%)
Gender	Male	274 (66.2)
	Female	140 (33.8)
Age	18-22	196 (47.3)
	23-25	99 (23.9)
	26-30	95 (22.9)
	Above 30	24 (5.8)
	Unmarried	386 (93.2)
Marital Status	Married	28 (6.8)
	Bachelors	210 (50.7)
Degree or course	Masters	94 (22.7)
	Doctoral	110 (26.6)
	1	39 (9.4)
Year	2	126 (30.4)
	3	112 (27.1)
	4	114 (27.5)
	5	17 (4.1)
	More than 5 yr	6 (1.4)
	With family	143 (34.5)
	In Hostel	220 (53.1)
Stay in Regular days.	In PG	40 (9.7)
	Others	11 (2.7)
	With family	385 (93.0)
Stay during epidemic/lockdown.	In Hostel	11 (2.7)
	In PG	9 (2.2)
	Others	9 (2.2)
Location during Pandemic/lockdown	Urban	212 (51.2)
	Rural-Urban	106 (25.6)
	Rural	96 (23.2)
Relative or acquaintance diagnosed with COVID-19.	Yes	67 (16.2)
	No	347 (83.8)

The clinical sample of Rutter *et al.* 2017 also proved that the GAD-7 has a good convergent and discriminant validity with other measures of anxiety.<sup>[39]</sup> It has seven items to rate viz (1) feeling nervous, anxious, or on edge; (2) not being able to stop or control worrying; (3) worrying too much about different things; (4) trouble relaxing; (5) being restless; (6) becoming easily annoyed or irritable; and (7) feeling afraid as if something awful might happen. These items are rated on Likert type scale (0 = not at all to 3 = nearly every day). The total score range from 0-4 shows minimal anxiety, 5-9 mild anxiety, 10-14 moderate anxiety, and 15-21 exhibits severe anxiety level.

### 2.4.3 Stressors related to COVID-19

Lockdown due to COVID-19 hampered a lot on students' academic activities, social support access, family income, and, most importantly, day-to-day routine life. These factors might

be regarded as stressors for intensifying anxiety among students. To measure the impact of these factors, we added some more questions in the last section of the questionnaire. The access to extend family and non-family social support was ranked on a nominal scale that is yes or no. Whereas, the influence of COVID-19 on daily routine life, family income, and how often a student felt stressed due to academic delays was measured on an ordinal scale. These factors, along with the summary of responses, are shown in [Table 3](#).

### 2.5 Data Analysis

To summarize the responses, descriptive statistics (frequency and proportion) of the demographic data and stressors are shown in [Tables 2](#) and [3](#), respectively. To know the influence of various demographic factors on anxiety level, univariate analysis was performed using the chi-square test.<sup>[40]</sup> Spearman's correlation coefficient (r) was calculated to

**Table 3.** Stressors related to COVID-19.

Stressors		Number of responses N (%)
Access to extend social support	Yes	278(67.1)
	No	136(32.9)
	To a very great extent	32 (7.7)
Family income	To a great extent	54 (13.0)
	To a moderate extent	161 (38.9)
	To a small extent	107 (25.8)
	To no extent	60 (14.5)
How often have you felt stressed because of academic delays?	Never	39 (9.4)
	Almost never	19 (4.6)
	Sometimes	170 (41.1)
	Fairly often	84 (20.3)
	Very often	102 (24.6)
Changes in daily routine life	No change	45 (10.9)
	Mild Change	96 (23.2)
	Moderate Change	114(27.5)
	Severe Change	159 (38.4)

investigate the strength of the relationship between stressors related to COVID-19 and anxiety level.<sup>[41]</sup> All the statistical analysis was carried out on the Statistical Package for Social Sciences (SPSS) version 22.0. The P-values of less than 0.05 were considered statistically significant for the analysis (2-sided tests).

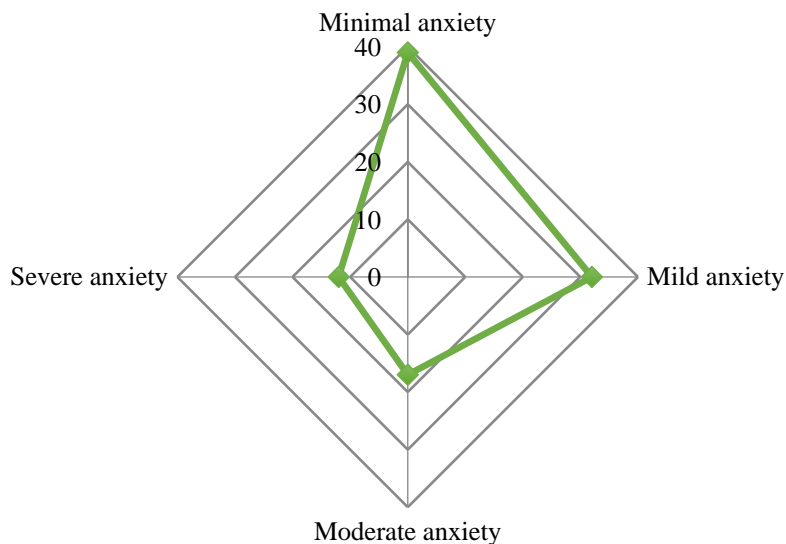
**3. Results**

**3.1 Anxiety level**

The level of anxiety among the students due to lockdown is shown in Fig. 1. The result shows that only 12.1% of the students were suffering from severe anxiety. The proportions of students with a moderate and mild anxiety level were 16.7% and 31.9%, respectively. Around 40% of the students reported minimal anxiety, which is no symptom of anxiety at all.

**3.2 Univariate Analysis**

The univariate analysis of factors affecting the anxiety level is shown in Table 4. The severe anxiety reported in males and females was 52% and 48% respectively. The mild anxiety symptoms in bachelors, masters, and doctoral students were 44.7%, 23.48%, 31.82%, respectively. Most of the demographic factors like age, marital status, degree, and year had no significant impact on the anxiety level (P>.05). In contrast, the impact on academic activities, worries about academic delay, and change in daily routine life significantly impacted the anxiety level (P<.05). 10.43% severe anxiety associated with the student's fear of COVID-19 impact on their academic career. Around 21% of students often felt stressed due to academic delays. The students' daily routine life was also affected due to lockdown. 16.56% of students



**Fig. 1** Anxiety level in college students during lockdown.

**Table 4.** Univariate analysis.

Factors	Total	Anxiety Level				Statistics	P
		Minimal	Mild	Moderate	Severe		
<b>Gender</b>							
Male	274(66.18)	117 (71.78)	94 (71.21)	37 (53.62)	26 (52)	13.13	0.004
Female	140(33.82)	46 (28.22)	38 (28.79)	32 (46.38)	24 (48)		
<b>Age</b>							
18-22	196(47.34)	82 (50.31)	51 (38.64)	39 (56.52)	24 (48)	15.861	0.07
23-25	99(23.91)	31 (19.02)	37 (28.03)	13 (18.84)	18 (36)		
26-30	95(22.94)	42 (25.77)	33 (25)	14 (20.29)	6 (12)		
Above 30	24(5.79)	8 (4.91)	11 (8.33)	3 (4.35)	2 (4)		
<b>Marital Status</b>							
Unmarried	386(93.23)	149 (91.41)	122 (92.42)	67 (97.1)	48 (96)	3.24	0.356
Married	28(6.76)	14 (8.59)	10 (7.58)	2 (2.9)	2 (4)		
<b>Degree or course</b>							
Bachelors	210(50.72)	87 (53.37)	59 (44.7)	38 (55.07)	26 (52)	11.816	0.066
Masters	94(22.70)	29 (17.79)	31 (23.48)	17 (24.64)	17 (34)		
Doctoral	110(26.57)	47 (28.83)	42 (31.82)	14 (20.29)	7 (14)		
<b>Year</b>							
1	39(9.42)	14 (8.59)	14 (8.59)	5 (3.07)	6 (3.68)	20.246	0.163
2	126(30.43)	48 (29.45)	42 (25.77)	23 (14.11)	13 (7.98)		
3	112(27.05)	54 (33.13)	28 (17.18)	19 (11.66)	11 (6.75)		
4	114(27.53)	41 (25.15)	35 (21.47)	18 (11.04)	20 (12.27)		
5	17(4.10)	3 (1.84)	10 (6.13)	4 (2.45)	0 (0)		
More than 5 year	6(1.44)	3 (1.84)	3 (2.27)	0 (0)	0 (0)		
<b>Stay in Regular days.</b>							
With family	143(34.54)	67 (41.1)	41 (25.15)	21 (12.88)	14 (8.59)	12.407	0.191
In Hostel	220(53.14)	79 (48.47)	74 (45.4)	38 (23.31)	29 (17.79)		
In PG	40(9.66)	10 (6.13)	14 (8.59)	10 (6.13)	6 (3.68)		
Others	11(2.65)	7 (4.29)	3 (1.84)	0 (0)	1 (0.61)		
<b>Stay during epidemic/lockdown.</b>							
With family	385(92.99)	151 (92.64)	119 (73.01)	66 (40.49)	49 (30.06)	8.369	0.497
In Hostel	11(2.65)	5 (3.07)	5 (3.07)	1 (0.61)	0 (0)		
In PG	9(2.17)	2 (1.23)	5 (3.07)	2 (1.23)	0 (0)		
Others	9(2.17)	5 (3.07)	3 (1.84)	0 (0)	1 (0.61)		
<b>Location during Pandemic/lockdown</b>							
Urban	212(51.20)	88 (53.99)	70 (42.94)	35 (21.47)	19 (11.66)	8.376	0.212
Rural-Urban	106(25.60)	34 (20.86)	35 (21.47)	17 (10.43)	20 (12.27)		
Rural	96(23.18)	41 (25.15)	27 (16.56)	17 (10.43)	11 (6.75)		
<b>Relative or acquaintance diagnosed with COVID-19.</b>							
Yes	67(16.18)	20 (12.27)	22 (13.5)	12 (7.36)	13 (7.98)	5.489	0.139
No	347(83.81)	143 (87.73)	110 (67.48)	57 (34.97)	37 (22.7)		
<b>Family income</b>							
To a very great extent	32(7.72)	10 (6.13)	11 (6.75)	7 (4.29)	4 (2.45)		

Continued

To a great extent	54(13.04)	16 (9.82)	25 (15.34)	4 (2.45)	9 (5.52)		
To a moderate extent	161(38.88)	68 (41.72)	43 (26.38)	30 (18.4)	20 (12.27)	14.804	0.252
To a small extent	107(25.84)	41 (25.15)	35 (21.47)	21 (12.88)	10 (6.13)		
To no extent	60(14.49)	28 (17.18)	18 (11.04)	7 (4.29)	7 (4.29)		
<b>Academic career</b>							
To be a very great extent	92(22.22)	27 (16.56)	32 (19.63)	16 (9.82)	17 (10.43)		
To a great extent	106(25.60)	37 (22.7)	42 (25.77)	14 (8.59)	13 (7.98)		
To a moderate extent	131(31.64)	59 (36.2)	38 (23.31)	27 (16.56)	7 (4.29)	29.503	0.003
To a small extent	59(14.25)	29 (17.79)	18 (11.04)	5 (3.07)	7 (4.29)		
To no extent	26(6.28)	11 (6.75)	2 (1.23)	7 (4.29)	6 (3.68)		
<b>How often have you felt stressed because of academic delays?</b>							
Never	39(9.42)	29 (17.79)	6 (3.68)	3 (1.84)	1 (0.61)		
Almost never	19(4.58)	10 (6.13)	7 (4.29)	2 (1.23)	0 (0)		
Sometimes	170(41.06)	93 (57.06)	55 (33.74)	18 (11.04)	4 (2.45)	131.388	0
Fairly often	84(20.28)	20 (12.27)	36 (22.09)	18 (11.04)	10 (6.13)		
Very often	102(24.63)	11 (6.75)	28 (17.18)	28 (17.18)	35 (21.47)		
<b>Daily routine life</b>							
No change	45(10.86)	28 (17.18)	8 (4.91)	6 (3.68)	3 (1.84)		
Mild. Change in only one area.	96(23.18)	54 (33.13)	26 (15.95)	7 (4.29)	9 (5.52)		
Moderate. Change in two areas.	114(27.53)	42 (25.77)	46 (28.22)	15 (9.2)	11 (6.75)	47.628	0
Severe. Change in three or more areas	159(38.40)	39 (23.93)	52 (31.9)	41 (25.15)	27 (16.56)		
<b>Access to extend family and non-family social support</b>							
Yes	278(67.14)	107 (65.64)	97 (59.51)	46 (28.22)	28 (17.18)	5.394	0.145
No	136(32.85)	56 (34.36)	35 (21.47)	23 (14.11)	22 (13.5)		

reported severe anxiety due to extreme changes in their daily routine life. Around 8% severe anxiety was reported due to a student's relative or acquaintance diagnosed with COVID-19.

### 3.3 Correlation Analysis

The correlation analysis has been performed to determine the correlation between the level of anxiety and factors like academic delays, change in daily routine life, family income, and access to extend social support. The result of correlation

analysis is shown in Table 5. A positive correlation was reported between impact on daily routine life, stress because of academic delay, and anxiety level. Stress due to academic delays was substantially and positively related to anxiety ( $r = 0.490$ ). The change in daily routine life was also moderately and positively related to the anxiety level ( $r = 0.271$ ). However, impact on family income ( $r = -0.068$ ) and access to extended family and non-family social support ( $r = -0.045$ ) were negatively correlated with anxiety.

**Table 5.** Correlation table.

Factors	Anxiety level	
	r	sig. P
Access to extend family and non-family social support	0.045	0.178
Daily routine life	0.271**	0
Stressed because academic delays	-0.490**	0
Family income	-0.068	0.084

(\*\* correlation is significant at the 0.01 level (1-tailed))

r - Spearman's correlation coefficient

P - Significance level

#### 4. Discussion

This study reveals that around 61% of the students have experienced anxiety due to the unprecedented situation of the COVID-19 outbreak. Out of these students, 32% unveiled mild anxiety symptoms, 16.7% reported moderate level anxiety, and 12% reported severe level anxiety. The anxiety among the bachelors and masters students may be mainly associated with the sudden closure of educational institution when many of them were about to have their professional course examination, postponement of the examination, not being able to attend the online classes because of the limitation of resources (smartphones, laptops, computer, high-speed internet connection, separate room, *etc.*) at their hometown,<sup>[9]</sup> cancellation of their internships and placements, complexities and unpredictability of their carrier and future employment,<sup>[42]</sup> *etc.* The anxiety among the doctoral students may be mainly because of the delay in thesis submission, not being able to carry forward work from home (mainly those associated with experimental work), uncertainties about their future, *etc.* These could be some of the major factors that had impacted the mental health of these college students. It has also been reported in previous studies that an increase in social distancing, lack of interpersonal communication are some of the factors driving anxiety disorder.<sup>[41,43,44]</sup>

From the results of the univariate analysis, it has been anticipated that the anxiety among the students during the pandemic is associated with factors such as stability of family income, academic delays, location of stay during the lockdown, influence on daily routine life, and whether relative or acquaintance diagnosed with COVID-19 as reported by<sup>[41]</sup> However, no significant impact of marital status, age, and gender were seen on the students' mental health.

Responses show that the percentage of the students living

in the urban, rural-urban, and rural area during the lockdown are 51%, 26% and 23% respectively. The reported moderate and mild level anxiety in the urban area (21.47% and 42.94 %) is more as compared to the rural-urban (10.43% and 21.47%) and rural areas (10.43% and 16.56%). As the number of COVID-19 cases is higher in urban areas, the people residing there are more vulnerable to get infected than those residing in rural-urban in rural areas. The rapid increment in containment zone and fatality rate<sup>[45]</sup> elicited the public fear and worried about being contaminated by the virus, which induced anxiety among people.<sup>[46]</sup> The survey also indicates that high contagiousness of the novel coronavirus<sup>[47]</sup> also afflicted the students with anxiety whoever relatives or acquaintances diagnosed with COVID-19, which is consistent with the results of a previous study.<sup>[41]</sup>

The stressors related to COVID-19 that include academic delays, and influence on daily life, have a positive impact on the anxiety of the students. During the lockdown period, it was seen that majority of students (~93%) had to stay in the home all the time due to the shutdown of an educational institution and strict restrictions imposed by the government to suppress the spread of the virus. Consequently, an inevitable impact on daily life activities, including work, education, social life, hobbies, religious activities, was experienced by the students. Fig. 2 shows that nearly 38.4% of the students reported severe changes in their daily lives, whereas 23.2% and 27.5% of students have undergone mild and moderate changes in their daily lives. The sudden changes in day-to-day routine life induced stress, fear, mental pressure among the students causing them to become easily irritable or annoyed. No social life and no physical activities, along with the academic delays at the time of lockdown, hampered the sound mental health of students a lot that ultimately ends up in

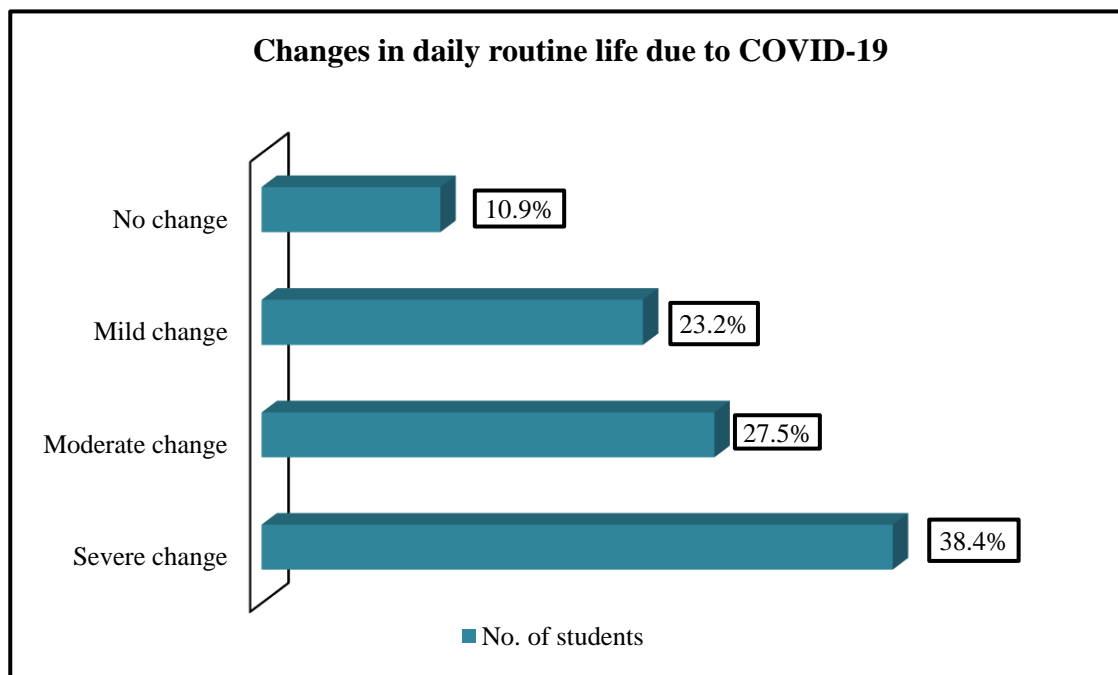


Fig. 2 Changes in daily routine life due to COVID-19.

anxiety. At the same time increase in social support was found to be negatively correlated with anxiety, which is similar to the finding of the previous research work in the area.<sup>[48,49]</sup> Family and non-family social support acted as a savior during the mental trauma of COVID-19 against all other factors that triggered the psychological illness. This study recommends that social support and a sense of belonging act as a buffer<sup>[50]</sup> and must occur during such public health emergencies to protect the people from psychological health disorders.<sup>[51]</sup> However, in contrast to the previous research,<sup>[41]</sup> our result extrapolated a negative correlation of impact on family income with anxiety. The factor that leads to this is that nearly 50% of the respondents were either masters or doctoral students. These students even get a considerable amount of money from the institute as a monthly stipend in the form of teaching assistantships. The stipend continued all over the period of lockdown that acted as a backup for students during the financial crisis in their families. Besides that, the government of India initiated so many schemes and campaigns and announced relief funds amid the COVID-19 pandemic to ensure the least impact of novel coronavirus outbreak on the poor.<sup>[52-55]</sup> These measures significantly contributed to minimizing the anxiety to some extent among college students.

## 5. Conclusion

This survey shows that around 61% of college students have experienced anxiety due to the novel coronavirus outbreak from mild to severe extent. Demographic factors such as age, degree, marital status, gender had no significant impact on anxiety. However, residing in an urban area, a relative or acquaintance who got diagnosed with COVID-19 was significantly magnified the risk of infection among the students. Stressors such as influence in daily life and academic delays were found to be positively associated with anxiety. In contrast, access to extended family and non-family social support and impact on family income was negatively correlated with anxiety that acted as a buffer against mental health disorders among college students. The finding of the study can be used to understand the psychological health of students during such a hard time of COVID-19 and subsequently devote the empirical attention of public health decision-makers towards the severity of the situation to develop needful measures for the protection against forthcoming worst mental health of students and the general population. The need of the hour is to ensure adequate funding for the educational institution to improve the education system. We suggest that government and educational institutions should collaborate to provide health infrastructure to ensure a safer environment for the students and teachers so that academic activities can be resumed. The COVID-19 has affected not only students but teachers also. Due to this unprecedented situation, during the lockdown, they have to take online classes. Teachers have also suffered from mental stress and anxiety in adaption to new ways of teaching and with new technologies. There are various factors that affect the

mental health of teachers, such as delay in salary, relationships with students, job insecurity, relative or acquaintance diagnosed with COVID-19. In the future, this study can also be extended to determine the psychological impact of COVID-19 on teachers also. Teachers also required psychological care so that they can also adapt to this unprecedented situation and perform their teaching role happily.

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## Supporting information

Not Applicable.

## Conflict of interest

There are no conflicts to declare.

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