

## Psychological Consequences of Pandemic Mitigation: A Systematic Review of Social Anxiety Among India's Children and Adolescents

Shlesha Desai<sup>1</sup>, Prof. (Dr.) Surendra Kumar Meena<sup>2\*</sup>, Simanta Buragohain<sup>3</sup>

<sup>1</sup>PG Scholar, Vivekananda Global University, Jaipur, Rajasthan

<sup>2\*</sup> Dean, Faculty of Physiotherapy and Occupational Therapy, Vivekananda Global University, Jaipur, Rajasthan

<sup>3</sup>Assistant Professor, Faculty of Physiotherapy and Occupational Therapy, Vivekananda Global University, Jaipur, Rajasthan

\*Correspondence Author Prof. (Dr.) Surendra Kumar Meena,

Dean, Faculty of Physiotherapy and Occupational Therapy, Vivekananda Global University, Jaipur, Rajasthan

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### ABBREVIATIONS

COVID – corona virus disease SAD – social anxiety disorder

SCARED – screen for child anxiety-related emotional disorders NIMHANS – National institute of mental health and neurosciences IU – intolerance of uncertainty

NMHS – National mental health survey

### ABSTRACT

**Context:** The COVID-19 pandemic significantly altered the environmental and social context for approximately 472 million children and adolescents in India. Mitigation measures, including stringent lockdowns and the closure of educational institutions, created a unique environment for the emergence of internalizing disorders, with social anxiety disorder (SAD) becoming a primary psychological consequence of prolonged isolation. For adolescents, this disruption interrupted critical neurobiological and social milestones, such as peer-oriented socialization and independent identity formation.

**Objective:** This systematic review aims to synthesize existing literature to evaluate the impact of COVID-19 pandemic mitigation measures on the social lives of Indian youth and the subsequent development of social anxiety symptoms and disorders.

**Method:** Following PRISMA guidelines, a systematic search was conducted across academic databases, including PubMed, PsycINFO and regional repositories, for empirical studies conducted in India between 2020 and 2026. The search strategy focused on terms related to "social anxiety," "lockdown impact," and "adolescent mental health in India". Out of 2,133 initial records, 34 original research studies focusing on Indian paediatric social anxiety were included for synthesis.

**Result:** The synthesis of 34 studies revealed a consistently high prevalence of anxiety symptoms, with social anxiety focus reaching 14% in urban Delhi and 35% in rural Kashmir. Key findings include: Gender Disparities: Female adolescents exhibited significantly higher scores for both anxiety and depression compared to males, often due to increased domestic pressures and restricted digital access. The Digital Divide: While urban youth faced digital fatigue, rural students experienced social anxiety linked to "exclusion" and the fear of being left behind due to poor connectivity. Re-entry Challenges: The post-lockdown transition introduced "Cave Syndrome," characterized by a reluctance to resume face-to-face interactions. Social Impairment: Post-reopening data showed that 17.85% of children displayed "prominently abnormal" levels of prosocial behavior, indicating a severe impairment in the capacity for social cooperation.

**Conclusion:** The pandemic served as a "critical incident" that caused an atrophy of social skills and intensified the fear of negative evaluation among India's youth. Recovery necessitates a fundamental shift in viewing schools as primary sites for psychological support rather than just academic venues. While institutional responses like the "Tele-MANAS" initiative and the expansion of NIMHANS provide a framework for recovery, sustained implementation of school-based social-emotional learning is essential to mitigate long-term psychological fallout.

**KEYWORDS:** COVID-19, social anxiety, children, adolescents

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### Introduction

The COVID-19 pandemic represented a critical incident in the developmental trajectory of India's younger generation, as the mitigation measures

employed to curb the spread of the virus fundamentally altered the environmental and social context of approximately 472 million children and adolescents. The implementation of stringent lockdowns, the

\*Author for Correspondence: : jaideo.p@gmail.com

closure of educational institutions, and the mandate for physical distancing created a unique laboratory for the emergence of internalizing disorders, with social anxiety disorder (SAD) emerging as a primary psychological consequence of these prolonged periods of isolation. For the adolescent population, whose primary neurobiological and social task involves the transition from familial dependence to peer-oriented socialization, the deprivation of physical contact and the disruption of daily routines served as potent catalysts for heightened distress and social inhibition.

**The Neurobiological and Social Mechanisms of Vulnerability**

Adolescence, spanning ages 10 to 19, is characterized by significant brain remodeling, particularly in the prefrontal cortex and limbic system, areas responsible for executive function and emotional regulation. During this window, the salience of peer interaction increases significantly as youth seek to gain approval, reduce uncertainty through social comparison, and form independent identities. The pandemic-induced isolation disrupted these developmental milestones, creating a discrepancy between the biological need for social contact and the environmental reality of

confinement.

Social anxiety, characterized by an intense and unrelenting fear of negative evaluation by others, is often maintained through a reciprocal relationship between fear and avoidance. In the Indian context, the lockdowns essentially enforced a state of social avoidance that mirrored the behavioral patterns of those with clinical SAD. For adolescents already prone to social inhibition, this provided a "safe" but maladaptive refuge, allowing them to bypass the stressors of school life and peer competition without immediate penalty, while simultaneously eroding the social skills necessary for future re-entry.

**Sociodemographic Predictors of Anxiety in the Indian Context**

The impact of these measures was not uniform across the population. Factors such as gender, household structure, and socioeconomic status played a significant role in determining the severity of anxiety symptoms. Research across various Indian states indicates that the disruption of school life—which in many socioeconomically disadvantaged regions serves as a protective environment—led to a "social drift," where children lost their behavioral anchors.

Variable	Influence on anxiety levels	Reported Co-relates
Gender (Female)	High	Domestic pressure, digital divide, safety concerns
Family type	Moderate	Joint families showed higher friction; nuclear ones show higher isolation
Socio-economic status	High	Access to digital learning, nutrition, and personal space
Educational level	High	Higher anxiety in 10 <sup>th</sup> and 12 <sup>th</sup> grades due to board exams

**Systematic Review Process and PRISMA Framework**

The identification of literature for this review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, focusing specifically on empirical studies conducted within India between 2020 and 2026. The search strategy targeted academic databases including PubMed, PsycINFO, and regional repositories, utilizing terms related to "social anxiety," "lockdown impact," and "adolescent mental health in India".

Identification Phase	Description of records	Count
Initial records	Total studies identified across Indian medical databases	2,133
Screening	Records after duplicate removal and initial title screening	1,466
Eligibility	Full-text articles assessed for clinical relevance to India	461
Inclusion	Original research studies on Indian paediatric social anxiety	34

The synthesis of these 34 studies reveals a heterogeneous but consistently high prevalence of anxiety symptoms, with rates often exceeding pre-pandemic baselines by significant margins. The evidence suggests that while the severity varied by region, the core mechanisms of distress—uncertainty, isolation, and digital fatigue—remained universal themes across the Indian subcontinent.

**Regional Variations in Adolescent Social Anxiety**

The geographical and cultural diversity of India necessitated a localized examination of prevalence

data. While national pooled estimates for general anxiety during the pandemic hovered around 23.5%, regional studies focusing specifically on children and adolescents using diagnostic-grade instruments like the SCARED or GAD-7 scales often reported higher figures.

**Northern India: Urban and Rural Divergence**

In the national capital region of Delhi, cross-sectional investigations into urban adolescent populations found that anxiety disorders affected 35.3% of the cohort, with social anxiety being the most frequent subtype,

identified in 14% of the participants. The high-density urban environment, coupled with the sudden cessation of peer interactions, contributed to this burden. Contrastingly, in rural Kashmir, the psychosocial impact was even more pronounced. Utilizing the Screen for Child Anxiety-Related Emotional Disorders (SCARED) questionnaire, researchers identified that

social anxiety was prevalent in 35% of rural students, while generalized anxiety disorder was seen in 51.7%. This heightened prevalence was attributed to a combination of the rural-urban digital divide, topographic isolation, and the pre-existing geopolitical stressors of the region, which acted as a "stress diathesis" for the current crisis.

Region	Sample size(n)	Tool used	Anxiety prevalence	Social Anxiety Focus
Urban Delhi	300	Semi-structured	35.3%	14%
Rural Kashmir	60	SCARED	80%	35%
West Bengal	350	DASS-21	35.7%	High in females
Jammu (Rural)	439	GAD-7	31%	N/A

### Southern and Western India: Institutional Observations

Observations from Bengaluru, supported by the National Institute of Mental Health and Neurosciences (NIMHANS), indicated that avoidance behaviors were significantly higher among students in the 10th grade than in the 9th grade. This suggests that the "mitigation measures" combined with the academic pressures of the Indian secondary education system (board exams) created a specific type of performance-related social anxiety. In Bengaluru's government schools, 90.4% of adolescents reported substantial disturbances in their education, which served as a primary source of intrusion and arousal symptoms.

In the Indian context, the school is more than an academic venue; it is a vital site for social-emotional learning, nutrition, and safety. The closure of schools for extended periods deprived children of their primary community networks, resulting in a prolonged state of physical isolation from peers, teachers, and mentors.

### The Disruption of Social Ecosystems

For many Indian adolescents, home confinement did not imply a tranquil environment. In households facing financial strain or domestic violence, the loss of school as an "escape" was psychologically catastrophic. Evidence indicates that family environments became increasingly "toxified" during lockdowns, with quarrels among siblings and conflicts between parents and children becoming commonplace.

### The Impact of School Closures and Home Confinement

Psychosocial stressor	Consequence for social anxiety	Indian context detail
Peer Deprivation	Skill atrophy	Loss of non-verbal cue practice
Routine Disruption	Uncertainty	Lack of "social anchors"
Household Conflict	Internalization	Parental stress mediating child anxiety
Digital Over-dependence	Social Phobia	Digital social isolation

The lack of personal space in crowded urban tenements further exacerbated the stress, as adolescents were unable to find the solitude necessary for identity exploration, leading to irritability and withdrawal. Qualitative interviews with 15-year-old students revealed a persistent sense of loneliness and a feeling that they were "missing their friends" to a degree that lowered their concentration and willingness to communicate.

This shift was not merely a change in habit; it was a fundamental alteration of social interaction. The "digital mirror" of social media replaced physical mirrors, leading to hyper-awareness of self-image and a fear of negative evaluation in curated online spaces. For many, the internet became an addictive refuge, leading to "Internet Addiction Disorder" which was found to be strongly positively correlated with social anxiety and loneliness.

### The Digital Divide and Its Psychological Toll

The transition to online education in India highlighted a severe digital divide that acted as a significant risk factor for social anxiety. While urban students might have faced digital fatigue, rural and under-resourced students faced the anxiety of "exclusion". The inability to access classes due to poor internet connectivity or lack of devices created a sense of being left behind, fostering feelings of inadequacy and social inferiority. Research into internet usage patterns among Indian schoolchildren showed a median increase from 2 hours per day pre-pandemic to 4 hours during the pandemic.

### Gender Disparities and Specific Vulnerabilities

A consistent finding across the Indian literature is the disproportionate psychological burden borne by female children and adolescents. Studies in rural West Bengal and Jammu revealed that females had significantly higher scores for both anxiety and depression than their male counterparts.

### The Gendered Experience of Lockdown

For adolescent girls in India, the lockdown often meant an increase in domestic chores and caregiving responsibilities, coupled with a decrease in personal

freedom and digital access. Furthermore, in some rural communities, the closure of schools led to an increase in early marriages, as families saw an opportunity to conduct low-cost ceremonies under lockdown restrictions. The threat of early marriage and the loss of

educational pathways served as acute existential stressors, contributing to a "phobia tendency" and social withdrawal.

Risk Factor	Impact on Girls	Impact on Boys
Education	Higher dropout risk/Early marriage	Entry into labor force
Mental Health	Higher internalizing (Anxiety/Depression)	Higher externalizing (Hyperactivity/Arousal)
Social Life	More restricted digital access	Higher internet usage/Addiction

### Re-entry Anxiety and the "Cave Syndrome"

The transition back to physical schools in the post-lockdown era introduced a new set of psychological challenges collectively termed "Cave Syndrome". This state is characterized by a reluctance or intense anxiety regarding the resumption of face-to-face social interactions, despite the safety of such activities.

inadaptation" to the new school lifestyle were nearly eight times more likely to fall into worse mental health categories.

### The Psychology of Masking and Distancing in Schools

The mandated use of face masks and physical distancing in re-opened schools created a "sterile" social environment that was particularly distressing for socially anxious children. Masks hindered the ability to perceive facial expressions and non-verbal cues, which are essential for children who are hyper-vigilant about social feedback. This "emotional blockage" made communication feel unnatural and increased the fear of being misunderstood or rejected.

### Intolerance of Uncertainty and Health Anxiety

The unpredictable nature of the pandemic—with its waves of infections and shifting variants—fostered a state of "Intolerance of Uncertainty" (IU). For adolescents with high IU, any ambiguity in a social situation was interpreted as threatening. This often manifested as "health anxiety," where the school was no longer seen as a place of learning but as a "bio-hazard" environment. This fear of infection, combined with social performance pressure, created a "COVID-stress syndrome" that persists well into 2026 for a significant portion of the population.

Data collected after school re-opening showed that emotional and behavioral difficulties remained prevalent. Approximately 7.16% of primary school children showed "borderline" scores for total difficulties, but a much higher 17.85% showed "prominently abnormal" levels of prosocial behavior, indicating that the capacity for social cooperation had been severely impaired during the isolation period. Children who expressed a "definite fear of

### The Role of Resilience and Hope

While the pandemic presented enormous stressors, it also highlighted the role of resilience and hope as protective factors. In a study of Indian youth, higher levels of resilience were significantly negatively correlated with psychological stress. This resilience allowed some individuals to adapt to adverse events by developing more robust coping mechanisms, such as mindfulness, community engagement, and creative expression.

Protective Factor	Mechanism of Action	Indian Context Example
Hope	Future-oriented motivation	Career aspirations and study plans
Social Support	Buffering stress	Peer groups and family "congeniality"
Exercise	Physiological regulation	≥ 1 hour daily exercise linked to better MH
Hobbies	Creative outlet	Acquisition of new hobbies during lockdown

Government-led interventions have sought to tap into these protective factors. The "Manodarpan" platform and the "Tele-MANAS" initiative provided much-needed psychosocial support through counseling and resource dissemination. Furthermore, programs like Delhi's "Happiness Curriculum" have been recognized for weaving mindfulness and relationship skills into everyday learning, providing children with the emotional tools to navigate uncertainty.

recognized through major policy shifts and infrastructure investments. The Union Budget 2026-27 announced the establishment of "NIMHANS-2" in Northern India, modeled after the Bengaluru institute, to address the staggering 90% "treatment gap" in mental healthcare access.

### Institutional Response and Future Outlook: 2025-2026

By 2026, the long-term mental health impact of the pandemic on India's youth has been officially

### The National Mental Health Survey (NMHS-2)

The ongoing National Mental Health Survey 2025-26 (NMHS-2) is a landmark initiative mandated to estimate the burden of mental health problems across all 28 states and 8 Union Territories. Unlike previous surveys, NMHS-2 focuses on "mental wellness" as a model rather than just illness, incorporating a "well-

being index" for the country. This survey specifically targets adolescents aged 13 to 17, providing age-

specific data on the prevalence of anxiety and depression that will guide future resource allocation.

Institution/Initiative	Purpose	Current Status (2026)
NIMHANS-2	Specialized care in North India	Announced/Under construction
Tele-MANAS	24/7 digital counseling	Over 23 lakh calls handled
Brain-Mind Cloud	Unified mental health records	Proposed/Under development
NMHS-2	National prevalence mapping	Field data collection ongoing

The integration of digital mental health networks, such as the "National Brain-Mind Cloud Network," aims to connect premier institutions like AIIMS with rural district hospitals. This "hub-and-spoke" model is designed to provide specialists at centers of excellence with the ability to guide local clinicians, particularly in underserved rural areas where formal mental health services are non-existent.

### Synthesis and Longitudinal Implications

The findings of this systematic review suggest that the pandemic was not a temporary disruption but a "critical incident" that has left lasting marks on the social-emotional development of India's children and adolescents. While some studies observed a stabilization of symptoms as restrictions were lifted, others reported that anxiety and depression rates remain elevated years after the initial exposure.

### The Path to Chronic Social Phobia

A minority of adolescents, particularly those with pre-existing vulnerabilities or those who experienced severe household disruptions, are at risk of developing chronic social anxiety disorder. The long-term consequences of untreated social anxiety include school dropout, impaired academic performance, and difficulty in forming future professional and personal relationships. In India, where approximately 14% of the population is already affected by some form of mental disorder, the additional 25% surge in cases due to the pandemic represents a significant public health challenge.

The recovery process will require more than just the reopening of schools; it necessitates a fundamental rethinking of the role of schools as primary sites for psychological support. The evidence indicates that school-based prevention programs, if designed with developmental and cultural sensitivity, can reduce the prevalence of anxiety by addressing multiple risk and protective factors simultaneously.

### Conclusion

The impact of COVID-19 pandemic mitigation measures on the mental health of India's youth has been characterized by a significant increase in internalizing behaviors, specifically social anxiety. The systematic review of available literature from 2020 to 2026 confirms that the enforced isolation of the lockdowns disrupted the essential social practice necessary for adolescent development, leading to an atrophy of social skills and an intensification of the fear

of negative evaluation. This psychological crisis was further exacerbated by the digital divide, gendered domestic pressures, and the "Cave Syndrome" observed during school re-entry. However, the proactive institutional responses, including the expansion of NIMHANS and the integration of digital healthcare initiatives, offer a path toward recovery. The longitudinal trajectory of India's youth will depend on the sustained implementation of peer-support modules, the deepening of school-based social-emotional learning, and the closure of the treatment gap through regional apex institutions. This review underscores the urgency for policymakers to maintain mental health at the center of post-pandemic recovery plans to ensure that the current generation can navigate the transitions from childhood to adulthood with resilience and social confidence.

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