

# International Journal of Psychology Sciences



ISSN Print: 2664-8377  
ISSN Online: 2664-8385  
Impact Factor: RJIF 5.71  
IJPS 2025; 7(1): 298-302  
[www.psychologyjournal.net](http://www.psychologyjournal.net)  
Received: 21-05-2025  
Accepted: 23-06-2025

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## Mental wellbeing of youth in Nagaland during the COVID-19 pandemic: Is there any change post the pandemic?

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**DOI:** <https://doi.org/10.33545/26648377.2025.v7.i1d.106>

### Abstract

This study was carried out to see the presence of mental wellbeing in terms of positive feelings and positive functioning among the youth in Nagaland during the COVID-19 pandemic and also examine differences in wellbeing during COVID-19 pandemic and post the pandemic. An internet-based survey was conducted during the COVID-19 pandemic using the Mental Health Continuum-Short Form (MHC-SF) to which 357 youth in the age range of 15 to 36 years responded. In a follow-up study post-pandemic, 32 of these youth responded to the same questionnaire. Result from the first phase of the study during the pandemic showed that a total of 34.2% of participants were flourishing, almost a quarter of the participants were found to be languishing (21.6%) and nearly half of the participants (44.3%) had moderate mental health. Chi-Square tests revealed that gender, education and employment status were found to have significant relationships with mental wellbeing. Paired-sample t-test indicated that the mean MHC scores during pandemic and post pandemic were not significantly different ( $p > .05$ ). The discussion of the findings of the study is done in the context of the related literature and the cultural background of the participants.

**Keywords:** Mental wellbeing, COVID-19, emotional wellbeing, psychological wellbeing, social wellbeing

### Introduction

The World Health Organization declared the outbreak of the Corona virus disease 2019 (COVID-19) as a pandemic on March 11, 2020 and many countries adopted strict lockdown measures that left people confined to their homes. All services except essential services were closed, all establishments were closed, and all social, religious, political, sports, entertainment, academic, and cultural activities were prohibited. People were left not only with fear of the widespread contagion of the disease, but also with the task to adapt to new routine and altered livelihood. Nagaland, a small state in the North Eastern part of India with a population of around two million (2011 census) was impacted hugely by the lockdown. When the first COVID-19 case of the state was officially declared on 23<sup>rd</sup> May, 2020, the state was already under strict lock down. Educational institutions, business establishments, offices, etc. were all shut and people remained indoors except for essential services. There was also the looming threat of the pandemic spreading fast across the state. One sub-group of the population in Nagaland that perhaps has been hit hard during this time is the youth. When the nationwide lockdown was implemented, many young Nagas working outside the state lost their jobs while many were left with nominal or no salary thus forcing them to return home. Many young people studying in schools and higher institutions found themselves having to adapt to new modes of teaching-learning processes that were conducted online. This was particularly challenging for those in rural and far flung areas that are devoid of internet connectivity and for those whose parents could not afford them the necessary gadgets for facilitating such online teaching-learning transactions. There were also thousands of young people in the state waiting for career opportunities for whom the pandemic has meant having to wait longer for such opportunities. In fact the frustration amongst the youth in Nagaland is almost palpable and one wonders what the mental wellbeing of these young people must be like.

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In China, where the disease was first reported, Yiang *et al.* (2020) <sup>[21]</sup> did a study on the effect of COVID-19 on youth mental health during the early stage of the pandemic. They reported that nearly half of their study sample of young people was prone to psychological problems. Xiong *et al.* (2020) <sup>[20]</sup> also noted that being young and being student were amongst the risk factors for developing mental health issues during the pandemic. Capone, Caso, Donizzetti and Procentese (2020) <sup>[4]</sup> who used the MHC model to examine mental health of university students during COVID-19 outbreak reported that around a quarter (22.3%) of students were flourishing while 17.5% were found to be languishing. Findings like these suggest that mental wellbeing issues are common in the general population during the COVID-19 pandemic and one can imply that the pandemic has negative impact on mental wellbeing. According to the Mental Health Continuum (MHC) model (Keyes, 2002) <sup>[13]</sup>, one must have emotional wellbeing (EWB), psychological well being (PWB) and social well being (SWB) in order to be considered mentally healthy. EWB or the hedonic aspect of wellbeing is characterized by feelings of happiness, interest in life and satisfaction with life. PWB and SWB together refer to the eudaimonic aspect of well being which relates to optimal functioning in individual life as well as in community life (Keyes, 1998) <sup>[12]</sup>. Keyes further argued that individuals can be categorized in terms of the level of mental wellbeing into flourishing -a state where individuals experience a sense of subjective wellbeing and have optimal level of psychological and social functioning, languishing- a state which characterizes low level or absence of mental health, and moderately mentally healthy. The current study adopted this conceptualization of mental wellbeing and focused on the presence or absence of mental wellbeing.

The pandemic had changed the lives of many youth drastically as is evident from the above studies. Post pandemic, people in general and the youth in particular, had to make another transition of getting back to their normal way of life. Shen *et al.* (2020) <sup>[18]</sup> have highlighted that the pandemic may have long term impact on young people as compared to adults. As a consequence of the pandemic, many young people lost their jobs and had to begin again after the lockdowns were lifted. Additionally, adolescence and young adults were more likely to experience loneliness and social isolation and this is associated with poor mental health (Christiansen *et al.*, 2021) <sup>[6]</sup>. The pandemic has had a huge impact on youth mental wellbeing in the short term as well as long term. Hawke *et al.* (2021) <sup>[8]</sup> have also pointed out that the risk of mental health problems may be more among people with existing mental health problems, people with disabilities and among minorities such as racial, ethnic and sexual minorities.

Considering the vulnerability of the youth coming from a marginalized state in North East India, a study was conducted to examine the mental wellbeing of youth during COVID-19 pandemic and post pandemic. The study proposed the following questions: What is the status of EWB, SWB and PWB among young people in Nagaland during the COVID-19 pandemic? What is the prevalence of flourishing, languishing and moderate mental health among young people in Nagaland during the COVID-19 pandemic? Is there a difference in the status of mental health of young people in Nagaland during COVID-19 pandemic and post pandemic.

## Method

### Sample and procedure

The sample for the first phase of the study comprised of 357 young people recruited during the COVID-19 pandemic in August 2020. The participants belonged in the age group 15 to 36 years. Participants were recruited through online snow ball sampling. They were asked to respond to the questionnaire shared as a link in relevant Whatsapp groups. They were also asked to share the link with friends in other Whatsapp groups. Inclusion criteria were that participants must be young people in the age 15 to 40, currently residing in Nagaland and belonging to any one of the Naga tribes. Informed consent was obtained from all the participants. In the second phase of the study conducted post the pandemic, i.e., after the public health emergency of international concern (PHEIC) for COVID-19 ended, the same participants were contacted again by email in the month of July 2023 and were asked to respond to the same questionnaire to which 32 responded.

### Tool

The Mental Health Continuum-Short Form (MHC-SF) developed by Keyes (2009) <sup>[14]</sup> was used for this study. It consists of 14 items. The items in the scale measure emotional wellbeing, social wellbeing and psychological wellbeing. Based on the scores on the scale, individuals can be categorized as flourishing, languishing or as having moderate mental health.

Demographic questions for age, gender, educational qualification, marital status, employment status, and tribe were included in a separate questionnaire.

### Ethical Considerations

Informed consent was obtained from all the participants. The study was approved by the Research Ethics committee, Department of Psychology, Nagaland University.

### Results

Out of the 357 participants in the first phase of the study, 220 were females and 137 males; 329 were unmarried and 28 were married; 291 participants had an educational qualification of up to graduation and 66 participants had an educational qualifications up to matriculation; 214 participants were unemployed and 143 participants were employed in government or private establishments or self-employed.

In the second phase of the study conducted post-pandemic, out of the 32 participants followed-up, 16 were females and 16 were males. With regard to level of education, 22 participants had an educational qualification upto graduation and 10 participants had an educational qualification up to matriculation and 15 participants were unemployed and 17 of them were employed.

Data was analyzed using SPSS version 21. Descriptive statistics such as frequency and percentage were used to examine emotional, social and psychological well-beings of the participants during the COVID-19 pandemic. Table 1 shows the frequency and percentages of participants endorsing each response category for every item on the scale. The Chi-Square values for goodness of fit for the distribution of responses for every item were all significant ( $p < .001$ ).

**Table 1:** Frequency and percentage of participants endorsing each of the five response categories on the MHC-SF

	Never f(%)	Once /Twice f(%)	About once a week f(%)	About two or three times a week f(%)	Almost everyday f(%)	Everyday f(%)	$\chi^2$	P value
Happiness	3(84)	27(7.56)	23(6.45)	89(24.93)	179(50.14)	36(10.08)	357.71	<.001
Interest in life	12(3.36)	38(10.64)	26(7.28)	83(23.25)	130(36.42)	68(19.05)	158.58	<.001
Satisfaction with life	28(7.84)	67(18.77)	24(6.73)	75(21)	109(30.53)	54(15.13)	84.53	<.001
Social contribution	36(10.08)	72(20.17)	45(12.61)	74(20.73)	77(21.57)	53(14.85)	24.83	<.001
Social integration	36(10.08)	62(17.37)	22(6.16)	58(16.25)	99(27.73)	80(22.41)	66.34	<.001
Social actualization	90(25.21)	92(25.77)	59(16.53)	57(15.97)	38(10.64)	21(5.88)	66.18	<.001
Social acceptance	9(2.52)	77(21.57)	52(14.57)	94(26.33)	98(27.45)	27(7.56)	111.62	<.001
Social coherence	84(23.53)	101(28.29)	53(14.85)	56(15.69)	45(12.61)	18(5.04)	72.43	<.001
Self acceptance	38(10.64)	82(22.97)	46(12.89)	88(24.65)	76(21.29)	27(7.56)	55.32	<.001
Environmental mastery	10(2.80)	57(15.97)	46(12.89)	93(26.05)	111(31.09)	40(11.20)	114.18	<.001
Positive relations with others	13(3.64)	48(13.45)	31(8.68)	92(25.77)	122(34.17)	51(14.29)	136.83	<.001
Personal growth	10(2.80)	46(12.89)	35(9.80)	71(19.89)	133(37.25)	62(17.37)	147.45	<.001
Autonomy	26(7.28)	61(17.09)	54(15.13)	90(25.21)	100(28.01)	26(7.28)	81.47	<.001
Purpose in life	21(5.88)	58(16.25)	43(12.04)	55(15.41)	114(31.93)	66(18.49)	80.50	<.001

The first three items on the scale assessed emotional wellbeing. These included questions pertaining to happiness, interest in life and satisfaction with life. Little more than half the participants marked 'almost every day' or 'every day' when asked how often in the past month they felt happy (60.22%) or interested in life (55.46%), and nearly half of them (45.66%) did so regarding satisfaction with life indicating presence of emotional wellbeing amongst them. However, a small number of participants (8.40%) reported 'never' or 'once/twice' to the question pertaining to happiness, while to the questions pertaining to interest in life and satisfaction with life, considerable numbers of participants (14% and 26.61% respectively) marked 'never' or 'once/twice' indicating absence or very little emotional wellbeing among them.

Items four to eight on the scale assessed social wellbeing. Considerable numbers of participants-30.25%, 27.45%, 50.98%, 24.09% and 33.61%-reported 'never' or 'once/twice' on questions pertaining to social contribution, social integration, social actualization, social acceptance and

social coherence respectively indicating absence or very little social wellbeing amongst these participants.

Items nine to fourteen on the scale assessed psychological wellbeing. A good number of participants-33.61%, 18.77%, 17.09%, 15.69%, 24.37%, and 22.13% - endorsed 'never' or 'once/twice' on questions pertaining to self acceptance, environmental mastery, positive relations, personal growth, autonomy, and purpose in life respectively indicating absence or very little psychological wellbeing amongst these participants.

Participants were also categorized in terms of the level of mental health or mental well being. A total of 122 participants (34.2%) were found to have flourishing mental health, a state in which individuals have high level of subjective wellbeing combined with an optimal level of psychological and social functioning. Almost a quarter of the participants (21.6%,  $n = 77$ ) were found to be languishing, a state which characterizes absence or low level of mental wellbeing. The rest of the participants (44.3%,  $n = 158$ ) were moderately mentally healthy.

**Table 2:** Gender, Education and Employment for Flourishing, Moderate and Languishing mental health

Demographics	Flourishing f(%)	Moderate f(%)	Languishing f(%)	$\chi^2$	df	P value
<b>Gender</b>						
Male	60(43.80)	55(40.14)	22(16.06)	10.02	2	.007
Female	62(28.18)	103 (46.82)	55(25)			
<b>Educational Level</b>						
Up to Matriculate	13(19.70)	32(48.48)	21(31.82)	9.24	2	.01
Up to graduate	109(37.46)	126(43.30)	56(19.24)			
<b>Employment status</b>						
Employed	58(40.56)	64(44.75)	21(14.69)	8.10	2	.017
Unemployed	64(29.91)	94(43.92)	56(26.17)			

Table 2 shows the result of Chi-Square test carried out in order to examine whether there was a significant relationship between mental health and demographic variables-gender, education and employment status. Mental health was found to have significant associations with gender ( $X^2= 10.02$ ,  $df=2$ ,  $p<.007$ ), education ( $X^2= 9.24$ ,  $df=2$ ,  $p<.01$ ) and employment status ( $X^2= 8.10$ ,  $df=2$ ,  $p<.017$ ). As shown in table 2, more number of males (43.80%) as compared to females (28.18%) were found to be flourishing, more number of females (25%) as compared to males (16.06%) were languishing, and around half of both males (40.14%) and females (46.82%) were moderately mentally healthy.

More number of participants with education up to

graduation (37.46%) as compared to those with education up to matriculation (19.70%) were found to be flourishing. More number of participants with education up to matriculation (31.82%) as compared to those with education up to graduation (19.24%) were languishing. Around half of participants in each educational category were moderately mentally healthy.

More number of employed participants (40.56%) as compared to unemployed participants (29.91%) were found to be flourishing. More number of unemployed participants (26.17%) as compared to employed participants (14.69%) were languishing. More or less equal number of employed (44.75%) and unemployed (43.92%) participants were moderately mentally healthy.



**Table 3:** Paired sample t-test for mental health of young people during and post COVID-19 pandemic

	M	N	SD	Std. Error Mean	t	df	Sig.
MHC Level (COVID-19)	38.13	32	12.67	2.24	0.325	31	.747
MHC Level (Post pandemic)	38.88	32	14.02	2.47			

A paired sample t-test was performed to evaluate whether there was a significant difference in MHC scores taken during the COVID-19 pandemic and after the PHEIC for COVID-19 ended. Results from table 3 indicated that there was no significant difference ( $t(31) = 0.325, p = .747$ ).

### Discussion

During the COVID-19 pandemic, one aspect of the mental health of the participants in the study that is notable is the relatively low scores on social well-being by a significant number of the sample. Even in terms of emotional well-being and psychological well-being, considerable number of participants did not score well indicating low levels of happiness, interest, satisfaction with life and positive individual functioning as well. Another important observation is that a significant number of the participants were found to be languishing implicating little or no mental health. While there is no baseline data from Nagaland on mental wellbeing of young people with which to compare the current findings, one can assume that the unprecedented situations created by the pandemic such as social distancing, altered livelihood and altered routine could partially account for the low levels of well-being, especially social well-being, among a section of the participants in the study. Social well-being is an indicator of how well an individual functions in their social life as a member of the society (Keyes, 1998) [12]. Several studies from previous epidemics and pandemics (Hawryluck *et al.*, 2004; Jeong *et al.*, 2016; Taylor, Agho, Stevens & Raphael, 2008) [9, 11, 19] and from the current pandemic (Gualano *et al.*, 2020) [7] have reported that social isolation can have negative impact on the wellbeing of individuals. The Nagas in general belong to a collectivist culture for which community living is a highly valued way of life. Attending church, taking part in various community related activities, visiting friends etc. are part of the ways of life for most Nagas. Youth being the age when peer relationships take precedence, being prevented from such ways of living and having to suddenly adjust with social distancing measures must have been daunting and this could be reflected in the low levels of well being, particularly social well-being, reported by a considerable number of participants in the study.

Gender, education and employment status were also found to be significantly associated with mental health during the pandemic. Several studies conducted during the current pandemic have shown that being female (Gualano *et al.*, 2020; Liang *et al.*, 2020; Solomou & Constantinidou, 2020) [7, 15, 17], less educated (Liang *et al.*, 2020) [15] and unemployed (Solomou & Constantinidou, 2020) [17] increase the likelihood for negative mental health outcomes during the pandemic. Consistent with these findings the current study also showed that females, less educated and unemployed youth were more prone to languishing mental health during the COVID-19 pandemic.

A greater proportion of female participants as compared to male participants were found in the languishing category. Rosenfield and Smith (2010) [16] asserted that there are differences between males and females in terms of power, responsibilities and dimensions of self and that these

differences can shape the experiences and reactions under stress which in turn can have implications for mental health. While the validity of this explanation for gender difference in the mental health of young people in the context of Nagaland needs to be explored, it can be assumed that such gender differences could also account for gender differences in the mental health experiences under the stressful pandemic situation as found in the present research.

A greater proportion of participants with educational qualification only up to matriculate as compared to those with higher educational qualification were found to be in languishing category. According to Chevalier and Feinstein (2006), education makes individuals more able to process information and hence it has a direct protecting impact on mental health. It is also said that education can indirectly impact mental health by enhancing income and reducing risk factors of mental illness such as unemployment.

A greater proportion of unemployed participants in the study as compared to employed participants reported languishing mental health. Previous studies have indicated that unemployment can lead to mental health problems such as anxiety and depression with factors like age, gender, length of unemployment impacting the wellbeing of individuals (Amanullah & Islam, 2024; Biswas, Das & Sheikh, 2024; Artazcoz, Benach, Borrell & Cortès, 2004) [1, 3, 2]. For the many young people who lost gainful employment and for the many more who are preparing themselves for fresh career opportunities, the COVID-19 pandemic has created more uncertainties about their future than ever before. Concerns about their employability, income potential, future job prospects and stability, etc. could account for the poorer mental health found among unemployed youth in the study. Comparison of the mean MHC scores obtained during and post COVID-19 pandemic ( $n=32$ ) showed no significant differences in mental wellbeing during and post COVID-19. This finding needs to be considered in the light of a number of limitations. First, a small sample size was used for the comparison as the response rate for the follow up post-pandemic was low (9%). Second, measures were obtained at only two time points -in the first year of the pandemic and right after the PHEIC for COVID-19 had ended. Despite these limitations, this finding can be taken as an important addition to our understanding of the status of mental health and well-being of young people during the pandemic and in its aftermath. Furthermore, given the volatile socio-political situation in Nagaland that affects the psyche of young people, there is a need to promote flourishing among young people in Nagaland and provide better mental health services in the state.

### Conclusion

In spite of the limitations pointed out earlier, it may be mentioned that this study has contributed important inputs in understanding the status of mental health and well-being of young people in Nagaland during and post the COVID-19 pandemic. Findings from the study can be used for planning preventive and targeted mental health intervention strategies in times of unprecedented emergencies like the COVID-19 pandemic.

## Acknowledgments

The authors declare that there is no conflict of interest.

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