



## COVID-19 Quarantine Impact on Adolescent Mental Health

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### ABOUT THE STUDY

The coronavirus 19 (COVID-19) epidemic has spread around the world, and many nations have enacted lockdowns to stop it. Inbound travel restrictions were put in place starting in late January 2020 in Japan to control the COVID-19 epidemic, however this had a disastrous economic impact on the travel and tourism sector. Major events, including job fairs for students graduating in the spring of 2021, were postponed in late February. Prime Minister Abe requested on February 27, 2020, that all Japanese educational institutions close until April. On April 7, a state of emergency and a statewide lockdown were declared in response. As a result, many college students who relied on the service sector, like retail and dining, lost their part-time work [1].

Students were additionally compelled to stay at home and take online classes because Japan's educational institutions were shuttered. According to a survey conducted at this time, 1 in 13 college students were considering dropping out but lacked a job or other means of support. Early May saw the return of regular classes after the government partially reopened elementary, middle, and high schools. Administrators at universities are hesitant to bring back in-person classes with physical attendance, though. Due to concerns that the younger generation may transmit the virus, the government has promoted online learning and imposed limitations on social activities [2]. As of June 5, 60% of universities offered online courses, and 30% offered either online or in-person courses, according to the Ministry of Education, Culture, Sports, Science, and Technology.

Regardless of gender, COVID-19 anxiety had the biggest impact on GHQ scores. Both direct and indirect consequences of the statewide lockdown may have contributed to the subjective fears reported in this study, in addition to concerns about viral infection. According to Fujimoto, concerns regarding virus infection were cited by more than 73.2% of students, followed by concerns about the return of regular classes (66.8%) and regular student placement activities for post-graduation (56.7%) [3,4]. Students must be persistent in their response to a stressful

setting if they are to manage such complex fears, some of which may remain for the upcoming years.

GHQ scores were higher among female students than male students, which could mean that girls are more prone than boys to experience a decline in mental health during the quarantine period. In typical times, Japanese women score more depressed than men do. We contend that under pressure, such as during the COVID-19 quarantine, this propensity is more prominent [5]. We can assume that female respondents of this study displayed a similar response pattern in light of findings from a Chinese population study that showed that females reported higher posttraumatic stress symptoms than males during the COVID-19 outbreak. Mental health may apply differently to males and females [6].

Age and SOC scores were the next best predictors for males, followed by the anxiety score. However, there was no discernible correlation between age and GHQ scores in women. There was a balance between the impacts of the two variables, as anxiety had a weaker influence when SOC was higher. As a result, we came up with the following theories to explain this phenomena. The difference between male and female participants is due to the GRRs they selected [7]. For instance, hazardous habits (like smoking addiction) are more common in males than in females, which is connected with gender and may lead to variations in health outcomes. This pattern might be reflected in the gender variations in COVID-19 death rates.

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**Received:** 01-Aug-2022, Manuscript No. JOP-22-17794; **Editor assigned:** 03-Aug-2022, PreQC No. JOP-22-17794(PQ); **Reviewed:** 17-Aug-2022, QC No JOP-22-17794; **Revised:** 24-Aug-2022, Manuscript No. JOP-22-17794(R); **Published:** 31-Aug-2022. DOI: 10.35248/2378-5756.22.25.520

**Citation:** Yu K (2022) COVID-19 Quarantine Impact on Adolescent Mental Health. *J Psychiatry.* 25:520.

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