Research Paper

The Impact of the COVID-19 Pandemic on the Level of Depression and Psychological well-being of Adolescents' in India

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ABSTRACT

Mental health among adolescents has become a rising public health concern. Coronavirus disease 2019 (COVID-19) was labeled a pandemic, and steps to combat it included movement restrictions and social interactions. This study aimed to use descriptive analysis to investigate and estimate the prevalence of depression and psychological well-being, particularly from an Indian perspective. During COVID-19, India has seen a significant impact on psychological well-being among adolescents. For this research, researchers employed snowball sampling techniques. All questions were answered by a total of 400 adolescent participants for this study. This study used the following three sets of research instruments for data collection: a personal data sheet and the Beck Depression Inventory (BDI II), and Ryff's Scales of Psychological Well-being(RSPW). Data is analyzed using descriptive statistics. The Pearson correlation coefficient revealed a very substantial negative correlation of .773 between depression and psychological health, implying that low PWB has an impact on depression. This study's findings strongly suggested that a successful adolescent intervention program be devised and executed.

COVID-19 has made a significant impact on people's lives worldwide, particularly children and adolescents. In comparison to adults, it has been claimed that this pandemic may have longer-term negative consequences for adolescents (Shen et al., 2020). On a global scale, the epidemic has affected the flow of life, with almost all countries implementing severe pandemic-related social restrictions. As a result, it had major negative implications in terms of physical health, social, psychological, and economic elements, with many individuals losing their jobs during this period (WHO, 2020a). Adolescents are characterized as those between the ages of 10 and 19, a vulnerable age group for developing negative mental health impairment due to their sensitivity to psychological and social change (Sawyer et al.,2018).

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Adolescents have been identified as the most vulnerable age for a depressive episode and there has been an alarming increase in depressive episodes among adolescents in recent years (Mojtabai et al., 2016).The epidemic and the lockdown that confined people to their houses were found to be linked to depressive symptomatology in students, rising from 7.07 percent to 30.77 percent (Majumdar et al., 2020). The COVID-19 outbreak has also had a moderate to severe impact on mental health, including an increase in depressed symptomatology, which is especially concerning given that the mental effects of an epidemic can outlive the disease itself (Cullen et al., 2020). Depression affects millions of individuals around the world and is one of the primary causes of global disease burden (Arjadi et al., 2018) The prevalence rate of depression in Maharashtra's adolescents was found to be high at 51.8 percent in a recent study, and depression at this vital stage of life can have a number of long-term effects for individuals, families, and the community as a whole (Narayanan & Sriram, 2021).

Adolescents in the Indian population represent approximately 21 percent of the total population (Shekhawat et al., 2019). In India, 40 percent of adolescents suffer from depression, and one out of every six adolescents suffers from mental disease (Sinha et al., 2020). According to Barry and the research companions (2013), there are reciprocal relationships between depressive symptoms and positive mental health. According to studies, an increase in depression was linked to a decrease in PWB. In other words, as the presence of depression symptoms increased, an individual's well-being decreased dramatically (Ramkisson et al., 2016).

According to Ryff, wellness is the combination of operating effectively while also feeling pleasant, and each individual's optimal functioning is recognized as a factor of well-being. A predictive variable or antecedent of the outcome or dependent variable favorable personal development (Ryff, 2014). Psychological well-being is a combination of a person's positive feelings and ability to perform effectively. From a psychological perspective, a person's well-being focuses on the realization of potentials that contribute to personal improvement (Li et al., 2014). Although most adolescents were subjected to physical separation, lockdown, or quarantine during the COVID-19 pandemic, the mental health changes experienced by these adolescents varied depending on their circumstances and motivation to comply with physical distancing (Zhou et al., 2020).

Priesack and Alcock (2015) found that psychological well-being was positively correlated with self-efficacy and that poor self-efficacy was associated with negative feelings like despair and helplessness. According to research, depression and psychological well-being are intimately related (Peeran et al., 2014). Study shows that depression is a serious mental illness that has a negative impact on social functioning, family connections, and academic achievement in adolescents (Moeini et al., 2019). The obvious consequences of depression in adolescents are increased academic difficulties, poor academic engagements, and performance (Maslow, 2015). Depression and psychological well-being are linked to dimensions of mental wellness and mental disease. Low mean well-being scores are associated with high depression rates, and vice versa (Lamers et al., 2013). Study shows that COVID-19 is anticipated to impact psychology and mental health substantially, it has the potential to have a huge impact on a vast number of people,with teens being the most vulnerable(Octavius et al., 2020).

According to studies, 37.1 percent of South Indian urban adolescents were slightly depressed, 19.4 percent were highly depressed, and 4.3 percent were severely depressed. In older adolescents with growing depression, the study found a link between age and gender (Shukla et al., 2016). In conventional educational settings, 30 percent to 40 percent of teenagers exhibit the specific symptom of depressive mood (Boulard et al., 2012). Kumar and colleagues (2019) observed that the overall frequency of depression among student subjects was 38 percent in a higher secondary school in Noida, Uttar Pradesh. According to a survey done in India in early March, the epidemic had a major influence on one-third of the adolescent participants (Varshney et al.,2020). Another study in China found that 53.8 percent of participants had a substantial influence, while another found that only 7.6 percent of participants had a meaningful impact (Wang et al., 2020, Zhang & Ma, 2020).

METHODOLGY

Design

This research is a cross-sectional and observational study conducted in Kerala, India, among adolescents. The current study investigated the link between psychological well-being and depression using a predictive, cross-sectional approach. This approach aimed to identify a phenomenon utilizing data acquired over a short period (Johnson, 2001; Belli, 2008). As a result, we looked to see if depression symptoms could predict the psychological well-being of a group of adolescent students in Kerala, India.

Participants

This study enlisted 400 adolescents' participation from Palakkad District's five higher secondary schools. The research was carried out in a number of higher secondary schools in southern India. Participants must be permanent residents of Kerala and must be between the ages of 14 and 18. The following inclusion criteria were used to choose adolescents at random: (a) Adolescent students from the southern part of India who is enrolled in higher secondary schools and has a moderate depression level as evaluated by the BDI-II and low psychological well-being as measured by the RSPW ; (b) Between the ages of 14 and 18, adolescent boys and girls ; (c) Adolescents currently enrolled in schools in Kerala, India; (d) Adolescents who are staying/living with biological parents/guardians.

Instruments

The personal data sheet contains vital information about the respondents' socio-demographic characteristics. It will aid in the collection of pertinent data as well as the inclusion and exclusion of individuals. Personal and professional information such as name, age, gender, nationality, religion, number of siblings, parents' educational status, school name, and physical and mental health history is examined on the personal datasheet. Psychological well-being was assessed using Ryff's Scale of Psychological Well-being (RSPW). The total RSPW score will be calculated by putting all of the 42 item scores together. In the current study, Cronbach's reliability for RSPW scales ranged from 0.83 to 0.91.

Ryff's Scale of Psychological Well-being (RSPW)

The Ryff's Scale of Psychological Well-being (RSPW) has 42 statements that reflect the six dimensions of psychological well-being: autonomy, environmental mastery, personal growth, positive interpersonal relationships, life purpose, and self-acceptance (Ryff, 2013). On a scale of 1 to 6, the statements were scored by participants assessed the statements, with 1 indicating significant disagreement and 6 indicating strong agreement. On each scale, higher scores indicate greater satisfaction in that area. Internal consistency values with co-

efficient alpha ranged from 0.86 to 0.91 for each dimension, indicating the scale's high reliability.

Beck Depression Inventory-II (BDI II)

The Beck Depression Inventory-II (BDI II) was used to assess the subjects' levels of depression. It's a 21-item self-report list for assessing depression symptoms. Beck established the Beck Depression Inventory in 1961, and it was amended in 1979 to include DSM-IV-TR-based symptoms of depression. The first thirteen items are regarding psychological symptoms, whereas the fourteenth through twenty-first is about physical symptoms. Internal consistency for the BDI ranges from.73 to.92, with alpha coefficients of.85 and.81, respectively, for psychiatric and non-psychiatric groups (Jayanthi & Thirunavukarasu, 2015). 1-10 was regarded average, 11-16 mild mood disorder, 17-20 borderline clinical depression, 21-30 moderate depression, 31-40 severe depression, and scores exceeding 40 serious depression in the general population.

Procedures

For this study, the researchers used a snowball sampling technique. The participants were informed about the study's objective, purpose, and duration before they began. Before administering the surveys, the researchers obtained parental agreement for each student. The researchers administered the survey questionnaires in the schools' normal classrooms at a specific class schedule and time, with the help of a teacher. The members were informed that the information gathered from the participants during the study would be kept confidential by the investigator. Personal Data Sheet, Beck Depression Inventory-II (BDI II), Ryff's Scale of Psychological Well-being (RSPW), were collected for this study. Approvals must be acquired and correct information given to authorities and participants to comply with the ethical norms and guidelines of the scientific study writing process. Following a thorough explanation of the study's goals, we collected signed informed consent forms from each participant. They promised to keep the participants' identities and whatever information they gave them strictly private.

Ethical clearance — The University of Santo Tomas Graduate School Ethical Review Committee (USTGS-ERC) accepted the study. A research protocol was submitted for their approval and the needed Ethical clearance certificate before the research began. Furthermore, informed consent was sought prior to the individual's participation in the study.

RESULTS

A total of 400 adolescent students aged 14 to 18 years old took part in our study. 55.5 percent of the adolescents were moderately depressed, according to our data. According to the BDI- II grading, 10% of adolescent students had clinical depression that necessitated medical treatment. A non-experimental cross-sectional research design was adopted in this study. A descriptive statistic is used to analyze the data. The collected data is structured, processed, and evaluated in accordance with the study's objectives.

Table 1: Frequency and percentage distribution samples with regards to the level of depression

Level of Depression	Frequency	Percentage
Minimal	101	25.25
Mild	37	9.25
Moderate	222	55.5
Severe	40	10

The table shows that among 400 adolescents, 101 (25.25) are normal, 37 (9.25) are having mild depression, 222(55.5) are having moderate depression, and 40(10) are having severe depression.

Table 2: Frequency and percentage distribution samples with regards to the level of PWB

Psychological well-being	Frequency	Percentage
Low well-being	195	48.75
Moderate well-being	115	28.75
High well-being	90	22.5

Low =1-84, Moderate=85-168,   High= 169-252

A higher score suggests a higher level of happiness, whereas a lower number indicates a lower level of happiness. Low well-being scores appear in the bottom 33% of the distribution, moderate well-being scores appear in the 34-66 percent, and high well-being scores appear in the top 33%. The level of adolescents' psychological well-being in the general population is shown in table 2. The majority of those surveyed expressed a lack of psychological well-being. According to the assessment results of adolescents' psychological well-being, the majority of the participants scored poorly on the well-being scale. This demonstrates that adolescent happiness is low, which has ramifications in many areas of their lives. The current state of affairs reveals a scarcity of intervention programs that could help adolescents overcome depression and improve their overall well-being.

Table 3: Correlation between BDI II and PWB

Variables	BDI II	PWB	PR	AU	EM	PG	PL	SA
BDI II	-.773**	-773**	.747**	-.749**	-.775**	-.762**	-.780**	-739**
PWB	-.773**	.89**	.986**	.989**	.986**	.969**	.989**	.965**

**Correlation is significant at the 0.01 level (2-tailed)

Pearson's correlation coefficients for the variables BDI II and PWB, as well as their dimensions, are shown in Table 3.

Table 4: Mean and standard deviations of the BDI II and PWB variables

Measures	Mean	SD
Variables		
BDI II	23.2225	12.10700
PWB	76.7600	32.57923

The mean scores and standard deviations for the variables BDI II and PWB are shown in Table 2. The BDI II measure has a mean score of 23.22 and a maximum score of 45. The

mean is 22, and the standard deviation is 12.1. PWB has a mean score of 76.76 and a standard deviation of 32.57.

DISCUSSION

According to our findings, 101 (25.25) of 400 adolescents are normal, 37 (9.25) have mild depression, 222 (55.5) have moderate depression, and 40 (10) have severe depression. As an outcome, the researchers conclude that the majority of adolescents who are depressed (No. 222) suffer from mild depression (mean 22.50, SD 9.19). The results demonstrated a very strong negative relationship between the two variables (r =.773, n = 400, p =.001), verifying the first hypothesis (r =.773, n = 400, p =.001). The second hypothesis was also tested using PCC, which revealed that each of the six PWB dimensions was significantly adversely related to the BDI II. The six PWB dimensions are autonomy (AU), positive relations (PR), environmental mastery (EM), life purpose (PL), personal growth (PG), and self-acceptance (SA). The dimensions of life purpose (.780), environmental mastery (.775), and personal growth (.762) all contribute considerably to the negative link, despite being only somewhat higher than the others. The study's findings were generally confirmed, indicating a large and strong negative relationship between BDI II and RSPW. According to researchers, they may restrict their engagement in school activities as a result of their depressive symptoms (Maslow, 2015). The study recommended that school counselors, teachers, and other mental health professionals work together to make positive mental health a national priority and to assist adolescents in reducing their depression (Zadow, 2017).

When analyzing the data, we can see that it is essential to develop and evaluate interventions to lower the level of depression and promote psychological well-being for adolescents. This study aims to promote knowledge among psychiatrists, pediatricians, parents, and other caregivers of adolescents on how to recognize mental health changes to reduce negative mental health consequences in the future (Octavius et al., 2020). Given the increased level of psychological impact suggested by the study, it is critical to improve the delivery of psychological interventions, particularly community-based interventions, to keep up with the clinical field of the health system. Furthermore, the public's perception of the outbreak significantly impacts mental health (Khan et al., 2020). According to descriptive studies, adolescents face a variety of academic and everyday challenges and high levels of mental health suffering. High levels of depression were linked to difficulties concentrating on academic work (Kecojevic et al., 2020). The study suggested that during the COVID-19 pandemic, it is critical to preserve individual mental health and psychological interventions to help vulnerable people's mental health (Salari et al., 2020). A study conducted by Malik (2020), the pandemic had a significant impact on the lives of Indian adolescents. According to prior studies depression is a significant predictor of physical, psychological, and social domains of quality of life (Mugada et al., 2021). The research shows that COVID-19 pandemic has caused many adolescents to feel alone and out of control and being alienated from friends, teachers, classmates and they became prone to losing their confidence and motivation(Maria Michael & Reyes, 2021).

Malhotra and Patra (2014) discovered that in India, there is a growing emphasis on mental health among adolescents, indicating the necessity for intervention research on adolescents. As a result, early detection and prevention are critical, and more research is needed to raise awareness of the condition. According to the findings of Erskine and colleagues' (2015) survey, the adolescent populations must comprehend depression's causes and consequences to prevent it. Then, an intervention model is a call to help adolescents improve their social

functioning, family relationships, academic performance, and overall psychological well-being by reducing depression. As a result, early prevention is essential, as are more studies to raise awareness of the problem. The conclusions of this study emphasized the importance of developing and implementing an effective adolescent intervention program. A longitudinal study of the people and the northern part of India could be done in the future.

CONCLUSION

The current study adds to existing evidence-based research on psychological well-being and its relationship to depressive symptoms in adolescents, focusing on data from adolescent students in Kerala, India. The extensive literature shows that adolescent depression leads to poor PWB. According to the study, individuals who reported lower baseline well-being showed significant increases in depression symptom scores over time. This study advocates the development or restructuring of treatment policies and programmes that will reduce the risk of depressive symptoms even before they become severe, which can lead to significant and negative consequences, for the benefit and interest of all adolescents who are at risk of depression.

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REFERENCES

Arjadi, R., Nauta, M. H., Suryani, A. O., & Bockting, C. L. H. (2018). Guided Act and Feel Indonesia – Internet-based Behavioral Activation Intervention for Depression in Indonesia: A Systematic Cultural Adaptation. Makara Human Behavior Studies in Asia, 22(1), 3. https://doi.org/10.7454/hubs.asia.2050418

Belli, G. (2008). Nonexperimental Quantitative Research. In Lapan, S.D., & Quartaroli, M.T.(eds.), Research Essentials: An Introduction to Designs and Practices (pp. 59-77).

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low- and middle-income countries. BMC Public Health, 13: 827-835. https://doi.org/10.1186/1471-2458-13-835

Boulard, A., Quertemont, E., Gauthier, J., & Born, M. (2012). Social context in school: Its relation to adolescents' depressive mood. Journal of Adolescence, 35(1), 143–152. https://doi.org/10.1016/j.adolescence.2011.04.002

Cullen, W., Gulati, G., & Kelly, B. D. (2020). Mental health in the COVID-19 pandemic. Qjm, 113(5), 311–312. https://doi.org/10.1093/QJMED/HCAA110

Erskine, H. E., Moffitt, T. E., Copeland, W. E., Costello, E. J., Ferrari, A. J., Patton, G., Degenhardt, L., Vos, T., Whiteford, H. A., & Scott, J. G. (2015). A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. Psychological medicine, 45(7), 1551–1563. https://doi.org/10.1017/S0033291714002888

Jayanthi P, Thirunavukarasu M, Rajkumar R. (2015). Academic stress and depression among adolescents: a cross-sectional study. Indian Pediatr, 52(3):217-219. doi:10.1007/s13312-015-0609-y

Johnson, B. (2001). Toward a new classification of nonexperimental quantitative research. Educational Researcher,30(2),3 H1, H2-13. https://doi.org/10.3102/0013189X030002003

Kecojevic, A., Basch, C. H., Sullivan, M., & Davi, N. K. (2020). The impact of the COVID-19 epidemic on mental health of undergraduate students in New Jersey, cross-sectional study. PLoS ONE, 15(9 September), 1–16. https://doi.org/10.1371/journal.pone.0239696

Khan, A. H., Sultana, M. S., Hossain, S., Hasan, M. T., Ahmed, H. U., & Sikder, M. T. (2020). The impact of COVID-19 pandemic on mental health & wellbeing among home-quarantined Bangladeshi students: A cross-sectional pilot study. Journal of Affective Disorders, 277(August), 121–128. https://doi.org/10.1016/j.jad.2020.07.135

Kumar, A., Yadav, G., Chauhan, N., Bodat.(2019). Prevalence of depression , anxiety and stress among school going adolescents in Delhi : a cross sectional study. *International Journal of Community Medicine and Public Health, 6*(12), 5021–5026. DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20195177

Lamers, S. M. A., Westerhof, G. J., Bohlmeijer, E. T., & Keyes, C. L. M. (2013). Mental health and illness in relation to physical health across the lifespan. In J. D. Sinnott (Ed.), Positive psychology: Advances in understanding adult motivation (p. 19–33). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-7282-7_2

Li, J., Wang, Y., & Xiao, F. (2014). East Asian International Students and Psychological Well-Being: A Systematic Review. *Journal of International Students*, *4*(4), 301–313.

Majumdar, P., Biswas, A., & Sahu, S. (2020). COVID-19 pandemic and lockdown: cause of sleep disruption, depression, somatic pain, and increased screen exposure of office workers and students of India. Chronobiology International, 37(8), 1191–1200. https://doi.org/10.1080/07420528.2020.1786107

Malik, S. (2020). Understanding the impact of COVID-19 on adolescents in India. The International Journal of Indian Psychology, 8(4). https://doi.org/10.25215/0804.003

Maslow, G. R., Dunlap, K., & Chung, R. J. (2015). Depression and Suicide in Children and Adolescents. *Pediatrics in review*, *36*(7), 299–310. https://doi.org/10.1542/pir.36-7-299

Maria Michael, J., & Reyes, M. E. S. (2021). Cyberbullying Victimization as a Predictor of Depressive Symptoms among Selected Adolescents Amid the COVID-19 Pandemic. *Makara Human Behavior Studies in Asia*, *25*(2), 145–152. https://doi.org/10.7454/hubs.asia.2161121

Moeini, B., Bashirian, S., Soltanian, A. R., Ghaleiha, A., & Taheri, M. (2019). Prevalence of depression and its associated sociodemographic factors among Iranian female adolescents in secondary schools. *BMC Psychology*, *7*(1), 1–11. https://doi.org/10.1186/s40359-019-0298-8

Mojtabai, R., Olfson, M., & Han, B. (2016). National trends in the prevalence and treatment of depression in adolescents and young adults. Pediatrics, 138(6). https://doi.org/10.1542/peds.2016-18

Mugada, V., Mandarapu, K. P., Mugada, V., & Mandarapu, K. P. (2021). Quality of Life of Pharmacy Students with Polycystic Ovarian Syndrome in South India: A Cross-Sectional Study. Makara Journal of Health Research, 25(3), 4–9. https://doi.org/10.7454/msk.v25i3.1283

Narayanan, M., & Sriram, S. (2021). COVID-19 and Depression: Prevalence and Risk Factors in Youth from Maharashtra, India. Human Arenas, 0123456789. https://doi.org/10.1007/s42087-021-00252-9

Octavius, G. S., Silviani, F. R., Lesmandjaja, A., Angelina, & Juliansen, A. (2020). Impact of COVID-19 on adolescents' mental health: a systematic review. Middle East Current Psychiatry, 27(1), 4–11. https://doi.org/10.1186/s43045-020-00075-4

Ryff, C. D. (2013). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics*, *83*(1), 10–28. https://doi.org/10.1159/000353263

Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., Rasoulpoor, S., & Khaledi-Paveh, B. (2020). نادری. Globalization and Health, 16(1), 1–11.

Shen, K., Yang, Y., Wang, T., Zhao, D., Jiang, Y., Jin, R., Zheng, Y., Xu, B., Xie, Z., Lin, L., Shang, Y., Lu, X., Shu, S., Bai, Y., Deng, J., Lu, M., Ye, L., Wang, X., Wang, Y., & Gao, L. (2020). Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts' consensus statement. World Journal of Pediatrics, 16(3), 223–231. https://doi.org/10.1007/s12519-020-00343-7

Shekhawat, R., Sharma, N., & Sodha, V. S. (2019). Prevalence of mental health problems by using strength and difficulty questionnaire in school going adolescents (11-17 years) of Jaipur city , Rajasthan. 6(5), 2216–2222.

Shukla, N. K., Shukla, M., Ahmad, S., Shukla, R., & Khan, Z. (2016). A cross-sectional study on depression among school going adolescent girls in A cross-sectional study on depression among school going adolescent girls in Barabanki district , Uttar Pradesh , India. I*nt J Contemp Pediatr*, 4(1):178-181. https://doi.org/10.18203/2349-3291.ijcp20164601

Sinha, S., Patil, M. S., Viveki, R. G., & Halki, S. (2020). Prevalence of depression among school going adolescents in an urban area of Karnataka, India: a cross sectional study. International Journal of Community Medicine and Public Health, 7(5), 1790–1793.

Varshney, M., Parel, J. T., Raizada, N., & Sarin, S. K. (2020). Initial psychological impact of COVID-19 and its correlates in Indian Community: An online (FEEL-COVID) survey. PLOS ONE, 15(5), e0233874. https://doi.org/10.1371/journal.pone.0233874

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China.

World Health Organization (2020a) Adolescent mental health Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Zhou, S. J., Zhang, L. G., Wang, L. L., Guo, Z. C., Wang, J. Q., Chen, J. C., Liu, M., Chen, X., & Chen, J. X. (2020). Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19. European Child and Adolescent Psychiatry, 29(6), 749–758. https://doi.org/10.1007/s00787-020-01541-4

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