The International Journal of Indian Psychology ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print) Volume 11, Issue 4, October- December, 2023



https://www.ijip.in

**Research Paper** 



## Psychological Distress and Coping Strategies among Parents of School Going Children During Covid-19

Nishi Varsha Kerketta<sup>1</sup>\*, Dr. Masroor Jahan<sup>2</sup>

### **ABSTRACT**

During COVID-19 pandemic parents faced problems related to change in income, employment and childcare needs, causing numerous psychological and socioeconomic stressors commonly associated with increased parental mental health needs. Aims: To assess the impact of COVID-19 restrictions on psychological distress and different coping strategies among parents of school going children. *Methodology:* A sample of 30 parents was selected through purposive sampling within age range of 25-50 years. GHQ-28, DASS-21 and Brief Cope-28 were administered and parents responded to 5 open ended questions regarding their psychological distress and coping strategies during COVID-19. SPSS and thematic analysis were used for data analysis. *Result:* Parents experienced more anxiety, stress and depression post-COVID and particularly experienced depression more than anxiety and stress. There was significant difference in the coping strategies adopted by the parents post-COVID. Through thematic analysis 17 themes mainly related to financial crisis, insecure future, stress etc. were found. **Conclusion:** the present study corroborates that psychological distress was present among parents during COVID-19 which needs to be addressed. There was difference in coping strategies adopted by parents post-COVID. Also, there was a negative impact of COVID-19 on children's daily functioning and mental health which needs to be further assessed and appropriate interventions could be provided.

**Keywords:** Psychological Distress, Coping Strategies, Mental Health

Psychological distress is a common mental health problem in the community (World Health Organization, 2001; Marchand, Drapeau, & Beaulieu Prevost, 2012; Doherty, Moran, & KartalovaO'Doherty, 2008). High levels of psychological distress are indicative of impaired mental health and may reflect common mental disorders, like depressive and anxiety disorders (Cuijpers et al., 2009). Thus, the symptoms of depression and anxiety are collectively termed psychological distress. Psychological distress encompasses a much wider range of experiences than mental illness, ranging from mild symptoms to severe psychiatric disease (Goldberg & Blackwell, 1970). The term coping comes in everyday use so often thar when one tries to define it there is always a problem hence it isn't surprising that one of the problems faced in the literature is the plethora of definitions provided for coping. One of the widely used definitions is that which is given by Cohen and

<sup>&</sup>lt;sup>1</sup>Ph.D Scholar, Dept. of Clinical Psychology, RINPAS, Kanke, Ranchi, Jharkhand, India

<sup>&</sup>lt;sup>2</sup>Additional Professor & HOD Dept. of Clinical Psychology, RINPAS, Kanke, Ranchi, Jharkhand, India \*Corresponding Author

<sup>© 2023,</sup> Kerketta, N.V. & Jahan, M.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Lazarus (1979), they defined coping as "the action-oriented and intrapsychic efforts to manage environments and internal demands and conflicts among them, which tax or exceed a person's resources".

On March 11, 2020, the WHO declared the COVID-19 outbreak as a pandemic as the virus spread worldwide. Governments across the world have imposed restrictive measures, such as lockdowns, social distancing and voluntary self-isolation (Huang & Zhao, 2020; Sharma et al., 2020; Brooks et al., 2020), preventing the trans-mission.

The life condition of families suddenly and deeply changed. In the home environment, the educational role of parents for children has become even much crucial than before (Wang et al., 2020). Closing down of schools and day care centres due to COVID-19 lockdown has put extra pressure on the parents to teach their children at home in addition to managing the caregiving duties, family activities, and work needs (Neece, McIntyre, & Fenning, 2020; Ozdemir & Kerse, 2020).

There has been very less studies done specially in India, in the area related to, what are the challenges and psychological stress faced by the parents during COVID-19 and what are its impact on their parenting. As due to COVID-19 lockdown everything was closed, many people even lost their jobs and went through a severe financial crisis. Also, the closing down of schools and day care centres had put extra pressure on the parents to teach their children at home in addition to managing the caregiving duties, family activities, and work needs. This crisis situation may have affected their mental health and their individual experiences heterogeneously. The coping strategies adopted by these parents whether related to themselves or their children to fight against the challenges of COVID-19 may also vary. Thus, it became necessary to avail knowledge about the psychological effects and challenges faced by parents of school going children during COVID-19 and also to know ways of coping strategies adopted by parents during this pandemic.

### Aim of the study

To assess the impact of COVID-19 related restrictions on psychological distress and different coping strategies in parents of school going children.

### Sample of the study

Sample selection was based on Purposive Sampling Technique. The present study consisted 30 parents, who were selected from nearby areas of Kanke, Ranchi. Sample included majority of the parents were male, majority of them were married, and majority of them had come from Hindu religion. Education of parents indicated that most of them were educated up to graduation. Occupation of parents indicated that most of them were in private job. Majority of the parents belonged to middle socio-economic status in which most of the parents had nuclear family. Also, majority of the parents resided from semi-urban [Table 1].

#### Tools used:

- Socio-demographic datasheet: Socio-Demographic datasheet a semi-structured, self-prepared Performa was developed for the purpose of the present study, consisting information about socio-demographic variables (like age, sex, education, marital status, religion, occupation and socio-economic status) of parents.
- General Health Questionnaire -28 (GHQ-28): The GHQ-28 was developed by Goldberg in 1978 and has since been translated into 38 languages. It is a screening tool

with 28-items identifying emotional or psychological distress. Through factor analysis, the GHQ-28 has been divided into four subscales. These are: somatic symptoms (items 1–7); anxiety/insomnia (items 8–14); social dysfunction (items 15–21), and severe depression (items 22–28) (Goldberg 1978). Test-retest reliability has been reported to be high (0.78 to 0 0.9) (Robinson & Price, 1982) and interrater and intra-rater reliability have both been shown to be excellent (Cronbach's  $\alpha$  0.9–0.95) (Failde & Ramos, 2000).

- **Depression, anxiety and stress scale- 21 (DASS-21):** The Depression Anxiety Stress Scale (DASS) is a self-report measure of anxiety, depression and stress developed by Lovibond and Lovibond (1995) which is used in diverse settings. The original 42-item DASS of Lovibond was modified into a shorter 21-item version (Antony et al., 1998). This questionnaire consists of 21 statements with answer in the form of a Likert scale; never = 0; sometimes = 1; often = 2; almost always = 3. Studies have shown that the DASS-21 has good internal consistency reliability (Cronbach's *alpha* ranged between 0.74 and 0.93) in both clinical and non-clinical samples (Ali & Green, 2019; Kyriazos et al., 2018; Pezirkianidis et al., 2018; Sinclair, et al., 2012)
- Brief Cope-28: The Brief-Cope was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The scale can determine someone's primary coping styles with scores on the following three subscale:1) Problem-Focussed Coping, 2) Emotion-Focussed Coping, 3) Avoidant Coping. It contains 28 items and is rated by the four-point Likert scale, ranging from "I haven't been doing this at all" (score one) to "I have been doing this a lot" (score four). A previous report to establish the reliability and validity of the scale indicated a high Cronbach's alpha values for some domains such as Religion (α=0.82) and Substance use (α=0.90) (Carver, 1997). Other domains indicated acceptable values of Cronbach's alpha.
- **Interview of parents:** The interview technique was conducted through mobile phone to collect the relevant information, which included open-ended interview questions to gather maximum input from the parents. The interview included 5 questions related to the impact of COVID on them and their children and coping strategies adopted by the parents during COVID-19 pandemic.

#### Procedure

In this study 30 parents were selected through purposive sampling from nearby areas of Kanke, Ranchi. Initially informed consent was taken from parents of school going children on the basis of the inclusion and exclusion criteria of the study. They were explained about the objectives of the present study. Then the Socio-demographic details of the study sample was collected with the help of a semi structured self- prepared Performa and clinical datasheet. There after all the scales i.e., "GHQ-28", "Depression, anxiety and stress scale (DASS)" and "Brief cope-28" was administered to the individual parents for the purpose of data collection. Along with this an open-ended interview questions were also conducted for the purpose of gathering qualitative information from the subjects. The data was analysed using statistical SPSS- (Statistical Package for Social Sciences) of 16th version for obtaining the required results. Finally, content analysis was done for the information obtained through interview with parents.

### Statistical analysis

The raw data was analysed statistically with aid of the computer program SPSS-16<sup>th</sup> version (Statistical Package for Social Sciences). Descriptive statistics was used for describing the

categorical Variables and T- test was applied for describing and comparing continuous variables.

### RESULTS

Table 1: Sociodemographic profiles of the Parents

Variables		Sample	(N%)
Sex	Male	23	(76.7%)
	Female	7	(23.3%)
Marital Status	Married	29	(23.3%)
	Single	1	(3.3%)
Religion	Hindu	18	(60%)
	Muslim	6	(20%)
	Christian	3	(10%)
	Sarna	3	(10%)
Education	Intermediate	1	(3.3%)
	Graduate	24	(80%)
	Post- graduate	5	(16.7%)
Occupation	Government Job	5	(16.7%)
	Private Job	23	(76.7%)
	Others	2	(6.7%)
SES	Upper	4	(13.3%)
	Middle	23	(76.7%)
	Lower	3	(10.0%)
Family Type	Nuclear	13	(43.3%)
	Joint	17	(56.7%)
Residence	Rural	9	(30%)
	Urban	2	(6.7%)
	Semi- Urban	19	(63.3%)

Table 2: Comparison of General Health Questionnaire of parents for pre and post COVID.

Variables (Domains	Pre- COVID Post-COVID		+ (df_20)			
of GHQ)	Mean	Sd	Mean	Sd	t (df=29)	p
Somatic symptoms	1.60	0.77	3.53	2.93	3.32	.002**
Anxiety/Insomnia	1.13	0.73	3.76	3.77	3.87	.001***
Social Dysfunction	3.03	1.90	6.03	2.29	4.71	.000***
Severe Depression	0.50	0.68	2.30	1.41	7.04	.000***

<sup>\*\*</sup>Significance level<0.05, \*\*\*Significance level<0.001

Table 2 shows the comparison of General Health Questionnaire (GHQ) of Parents for Pre and Post COVID. Which indicates that there was significant difference found in all four domains of GHQ including Somatic symptoms (t=3.32, p<0.05), Anxiety/Insomnia (t=3.87, p<.001), Social Dysfunction (t=4.71, p<.001) and Severe Depression (t=7.04 p<.001) post-COVID.

Table 3: Comparison of Depression, Anxiety and Stress Scale (DASS) of Parents for Pre and Post COVID.

Variable	Pre-CO	Pre-COVID		OVID	4 (JE 20)	D
	Mean	SD	M	SD	t (df=29)	P
(DASS)	5.40	3.83	13.50	5.69	6.38	.000***
Depression	1.30	1.21	4.46	2.14	7.06	.000***
Anxiety	2.30	1.53	5.36	2.38	5.89	.000***
Stress	2.06	1.59	3.70	2.08	3.43	.002**

<sup>\*\*</sup>Significance level<0.05, \*\*\*Significance level<0.001

Table 3 shows comparison of results on Depression, Anxiety and Stress Scale (DASS) of parents for pre and post COVID, which indicates significant difference on DASS (t=6.38, p<.001). Furthermore, comparison on each subscale of DASS i.e Depression, Anxiety and Stress the result showed significant difference (t=7.06, p<=.001), (t=5.89, p<=.001) and  $(t=3.43, p \le 0.05)$  respectively in post COVID.

Table 4: Comparison of Brief- COPE of Parents for Pre and Post COVID.

Variables (domains	Pre-CO	VID	Post-COVID		4 (16, 20)	D
of brief-COPE)	Mean	SD	Mean	SD	t (df=29)	P
Problem focused	1.32	0.41	1.39	0.37	0.64	0.52
Emotion focused	1.22	0.23	1.47	0.38	2.53	0.017**
Avoidant focused	1.26	0.24	1.32	0.22	0.88	0.38

<sup>\*\*</sup>Significance level<.05

Table 4 shows comparison of different domains of Brief-COPE of parents for pre and post COVID. Which indicates that there was significant difference found only in one domain i.e., Emotion focused (t=2.53, p<.05) in post COVID. There was no significant difference found on the other domains of Brief- COPE.

### Qualitative analysis:

During the thematic analysis, 17 themes were found. Each theme is presented below according to how they were found. The major themes identified from the results of this study included:

- Financial crisis
- Insecurity for future
- Lack of social activities
- Reduction in academic performance
- Changes in daily routine
- Learning capabilities
- Laziness in children •
- Engaging on phones for longer duration
- Fear of getting infected
- Anxiousness and stress
- Being occupied with enjoyable activities
- Following all the preventive measures
- Avoiding negative news on COVID-19
- Socialising with loved ones
- Decreased intellectual development

- Increased engagement of family members
- Acceptance

#### **DISCUSSION**

The study aimed at assessing the impact of COVID-19 related restrictions on psychological distress and different coping strategies in parents of school going children. The present study showed that in the crisis situation of COVID-19 parents have experienced more somatic symptoms, anxious, had sleep related problems, social dysfunction and symptoms of severe depression. Due to the lockdown imposed for controlling the spread of the virus, everything was closed and people had to stay at house only. This resulted in uncertainty of jobs, financial crisis, and various problems related to children's safety and education. Which contributed a lot to their psychological distress. Some previous studies also supported this, Mazza et al. found that parents showed high rates of psychological distress, signalling severe difficulties during the lockdown (Mazza et al., 2020). Cameron et al. found that having children in the house was a contributory factor for higher psychological distress. Education, family income and chronic mental and physical conditions were associated with high psychological distress in Saudi Arabia during COVID-19 (Cameron et al., 2020).

The findings from the present study showed parents experienced more depression as compared to anxiety and stress post-COVID. A National survey conducted by Burke et al. supports this study, they concluded that COVID-19 quarantine was associated with stresses and significant increases in symptoms of depression, anxiety, and stress in a national Irish cohort (Burke T. et al., 2020). Johnson et al. also in their study found that the parents have experienced symptoms of deteriorated mental health due to the COVID-19 pandemic, including parental stress, anxiety, and depression (Johnson et al., 2021).

The results of present study also revealed that there was significant difference in the coping strategies adopted post-COVID. The parents used emotion focused coping strategy post COVID. This finding was supported by Gerhold who identified problem-focused and emotion-focused coping methods in his study. The results showed that the most common emotion-focused coping methods were accepting the situation and trying to distract oneself with different activities (Gerhold, 2020). Orgilés et al. also in their study observed three coping categories among the youth: task-oriented strategies, emotion-oriented strategies, and avoidance-oriented strategies (Orgiles M. et al., 2021).

The results from the qualitative analysis found 17 themes from the responses of participants. These themes were: Financial crisis, Insecurity for future, Lack of social activities, Reduction in academic performance, Changes in daily routine, Learning capabilities, Laziness in children, Engaging on phones for longer duration, Fear of getting infected, Anxiousness and stress, Being occupied with enjoyable activities, Following all the preventive measures, Avoiding negative news on COVID-19, Socialising with loved ones, Decreased Intellectual development, increased engagement of family members and Acceptance. This finding was supported by Rodrigues, Silva and Franco, who in study found that the current pandemic crisis has caused financial stress in families, to a greater or lesser degree and caused feelings of fear and demotivation as a consequence of the general lockdown (Rodrigues, Silva, & Franco, 2021). Study by Carmo and Matias, also showed how, after the financial crisis, the spread and intensification of job precarity impacted the economic survival, future outlooks and expectations of families specially among younger generation (Carmo & Matias, 2019). Whitley, Beauchamp and Brown (2021) found that many children and youth have experienced

disengagement, chronic attendance problems, decline in academic achievement during the pandemic, with the impact far deeper for those already at-risk (Whitley, Beauchamp, & Brown, 2021). Some authors in their study revealed that during confinement, children and adolescent showed emotional and behaviour alteration (Pizarro-Ruiz & Ordonez-Camblor, 2021). Another study by Serra et.al, also revealed that there was increase of phone overuse and addiction which led to many clinical (sleep, ocular and musculoskeletal disorders), psychological (distraction, mood modification, loss of interest) and social (superficial approach to learning and isolation) unfavourable outcomes (Serra et al., 2021). The study by Samantha et.al also supported the findings of qualitative analysis, who found that greater COVID-19 related stressors and high anxiety and depressive symptoms are associated with higher parental stress (Samantha et al., 2020).

From the qualitative analysis it was also evident that to cope with the COVID-19 challenges they adopted various common coping strategies which included being occupied with enjoyable activities, following all the preventive measures, avoiding negative news on COVID-19 and socialising with loved ones. A study was done to understand the coping strategies of individuals in the UK during the pandemic, as a result the authors found eleven themes which suggested the most common coping strategies adopted by participants, which were: "socializing with loved ones", "engaging in exercise", "being occupied with jobs", "being occupied with studies", "avoiding negative news on COVID-19", "consumption of alcohol", "healthy eating", "engaging in meditation activities", "gaming activities", "hope", and "self-care and self-appreciation", in that order (Ogueji, Okoloba, & Ceccaldi, 2020).

Lastly, it was also evident from the themes that the long-term impact of COVID-19 for parents included decreased mental growth of children, increased engagement of family members by much more time to each other than pre-COVID and acceptance that they have to stay with COVID-19, they only need to be little cautious. In a study the authors observed three coping categories among the youth: task-oriented strategies (e.g., collaborating on social activities and emphasizing positive attitudes by highlighting the pros of being at home), emotion-oriented strategies (e.g., seeking comfort from others), and avoidance-oriented strategies (e.g., not worrying about the situation, ignoring it, and acting as if nothing is happening). The most common strategy adopted among the youth was acceptance (Orgiles M. et al., 2021)

#### CONCLUSION

The psychological distress among parents during COVID-19 was evident in the present study, there is a need to address their psychological concerns through appropriate psychological interventions. In the present study although, Parents employed positive coping strategies during pandemic but they felt a need for appropriate psychosocial support programs that could strengthen these positive coping strategies. Negative impact of COVID-19 on children's daily functioning and mental health was also found which needs to be further assessed and appropriate interventions could be provided.

#### REFERENCES

- Ali, A., & Green, J. (2019). Factor structure of the depression aniety scale-21(DASS-21): Undimensionality of the Arabic version among Egyptian drug users. Substance Abuse Treatment, Preventuion and Policy, 14: 40.
- Antony, M., Bieling, P., Cox, B., Enns, M., & Swinson, R. (1998). Psychometrc properties of the 42-item and 21 item versions of the depression anxiety stress scale in clinical groups and a community sample. *Psychological Assessment*, 10:176-181.

- Brooks, S., Webster, R., Smith, L., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395(10227):912-920.
- Brown, S.M., Doom, J.R., Stephanie Lechuga-Pena, Watamura, S. E., & Koppels, T. (2020). Stress and Parenting during the Global COVID-19 Pandemic. *Child Abuse Neglect*, 110:104699.
- Burke, T., Berry, A., K.Taylor, L., Stafford, O., Murphy, E., Shelvin, M., . . . Carr, A. (2020). Increased Psychological Distress during COVID-19 and Quarantine in Ireland: A National Survey. *J Clin Med.*,9(11): 3481.
- Cameron, E., Joyce, K., Delaquis, C., Reynolds, K., Protudjer, J., & Roos, L. (2020). Maternal psychological distress and mental health service use during the COVID-19 pandemic. *Journal of Affective Disorders*, 276: 765-774.
- Carmo, R., & Matias, A. (2019). Retratos da Precariedade: Quotidianos e Aspiracoes dos Trabalhadores Jovens[portraits of precarity: everyday lives and expectations of young workers]. *Tinta da China*, 53-78.
- Carver, C. (1997). You want to measure coping but your protocol's too long. Consider the Brief COPE. *International journal of Behavioural Medicines*, 4(1):92-100.
- Covic, T., Cumming, S., Pallant, J., Manolios, N., Emery, P., Conaghan, P., & Tennant, A. (2012). Depression and anxiety in patients with rheumatoid arthritis: Prevalence rates based on a comparison of the depression, anxiety and stress scale (DASS) and the hospital, anxiety and depression scale (HADS). *BMC Psychiatry*, 12: 6.
- Doherty, D., Moran, R., & Kartalova O'Doherty, Y. (2008). *Psychological Distress, Mental Health Problems and use of Health Services in Ireland*. Dublin: Health Research Board.
- Fagring, A., Kjellgren, K., Rosengren, A., Lissner, L., Manhem, K., & Welin, C. (2008). Depression, anxiety, stress, social interaction and health-related quality of life in men and women with unexplained chest pain. *BMC Public Health*, 8:165.
- Failde, I., & Ramos, R. (2000). Comparison between the GHQ-28 and SF-36 (MH1-5) for the assessment of the mental health in patients with ischaemic heart disease. *Europ J Epidem*, 16(4):311.
- Gerhold, L. (2020). COVID-19: Risk perception and coping strategies. *PsyArXiv*, https://doi.org/10.31234/osf.io/xmpk4
- Goldberg, D., & Blackwell, B. (1970). Psychiatric illness in general practice: A detailed study using a new method of case identification . *British Medical Journal*, 2(5707):439.
- Henningsen, P. (2003). Medically unexplained physical symptoms, anxiety, and depression: a meta-analytic review. *Psychosom Med*, 65:528-33.
- Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Research*, 288:112954.
- Johnson, M. S., Skjerdingstad, N., Ebrahimi, O. V., Hoffart, A., & Johnson, S. U. (2021). Parenting in a Pandemic: Parental stress, anxiety and depression among parents during the government-initiated physical distancing measures following the first wave of COVID-19. *Stress Health*, 38(4):637-652.
- Kyriazos, T., Stalikas, A., Prassa, K., & Yotsidi, V. (2018). Can the Depression Anxiety Stress Scales short be shorter? Factor structure and measurement invariance of DASS-21 and DASS-9 in a Greek, Non-Clinical Sample. *Psychology*, 9(5):1095-1127.
- Marchand, A., Drapeau, A., & Beaulieu Prevost, D. (2012). Psychological Distress in Canada: the role of employment and reasons of unemployment. *International Journal of Social Psychiatry*, 58(6): 596-604.
- Mazza, C., Ricci, E., Biondi, S., Colasanti, M., Ferracuti, S., & Napoli, C. (2020). A Nationwide survey of psychological distress among Italian people During the COVID-19 pandemic: Immediate psychological responses and associated factors. *International Journal of Environmental research and Public Health*, 17(9):3165.

- Neece, C., McIntyre, L., & Fenning, R. (2020). Examining the impact of COVID-19 in ethnically diverse families with young children with IDD. *Journal of Intellectual Disability Research*, 64(10):739-749.
- Ogueji, I. A., Okoloba, M. M., & Ceccaldi, B. M. (2022). Coping strategies of individuals in the United Kingdom during COVID-19 pandemic. *Current psychology*, 41(11):7493-7499.
- Orgiles, M., Morales, A., Delvecchio, E., Francisco, R., Mazzeschi, C., Pedro, M., & Espada, J. P. (2021). Coping behaviours and psychological disturbances in youth affected by the COVID-19 Health crisis. *Frontiers Psychology*, 12:565657.
- Ozdemir, S., & Kerse, G. (2020). The Effects of COVID 19 Process on Health Care Workers: Analysing of the relationships between Optimism, Job stress and Emotional Exhaustion. *International and Multidisciplinary Journal of Social Sciences*, 9(2):178-201.
- Pezirkianidis, C., Karakasidou, E., Lakioti, A., Stalikas, A., & Galanakis, M. (2018). Psychometric properties of the Depression, Anxiety, Stress Scales-21 (DASS-21) in a Greek sample. *Psychology*, 9(5):2933-2950.
- Pizarro-Ruiz, J., & Ordonez-Camblor, N. (2021). Effects of COVID-19 confinement on mental health of childran and adolescents in Spain. *Scientific Reports*. 11(1):11713.
- Robinson, R., & Price, T. (1982). Post-stroke depressive disorder: a follow-up study of 103 patients. *Stroke*, 13(5):635.
- Rodrigues, M., Silva, R., & Franco, M. (2021). COVID-19: financial stress and well being in families. *Journal of Family Issues*, 44(5):1254-1275.
- Serra, G., Scalzo, L., Giuffre, M., Ferrara, P., & Corsello, G. (2021). Smartphone use and addiction during COVID-19 pandemic: cohort study on 184 Italian children and adolescents. *Italian Journal of Pediatrics*, 47(1):150.
- Sharma, A., Pillai, D., Lu, M., Doolan, C., Leal, J., Kim, J., & Hollis, A. (2020). Impact of isolation precautions on quality of life: a meta analysis. *Journal of Hospital Infection*, 105(1):35-42.
- Sinclair, S., Siefert, C., Salvin-Mulford, J., Stein, M., Renna, M., & Blais, M. (2012). Psychometric evaluation and normative data for the Depression, Anxiety, and Stress Scales-21 (DASS-21) in a nonclinical sample of U.S. adults. *Evaluation & the Health Professions*, 35(3):259-279.
- Sukantarat, K., Williamson, R., & Brett, S. (2007). Psychological assessment of ICU survivors: A comparison between the Hospital Anxiety and Depression scale and the Depression, Anxiety and Stress scale. *Anaesthesia*, 62(3):239-43.
- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effect of home confinement on children during the COVID-19 outbreak. *Lancet*, 395(10228):945-947.
- Whitley, J., Beauchamp, M., & Brown, C. (2021). The impact of COVID-19 on the learning and achievement of vulnerable Canadian children and youth. *Facets*, 6:1693-1713.
- World Health Organization. (2001). *The World Health Report 2001: Mental Health: New Understanding, New Hope.* Ganeva: World Health Organization.

#### Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

#### Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kerketta, N.V. & Jahan, M. (2023). Psychological Distress and Coping Strategies among Parents of School Going Children During Covid-19. *International Journal of Indian Psychology*, 11(4), 1752-1760. DIP:18.01.161.20231104, DOI:10.25215/1104.161