ORIGINAL ARTICLE

Mental Distress, Perceived Stress and Resilience among Special Students during Covid-19 Pandemic

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ABSTRACT

Background: Almost everyone in society has been affected by the Covid epidemic.However, it has a different impact on individuals who have disabilities or special needs. People with special needs are more prone to this.

Aim: To explore relationship between mental distress, perceived stress and resilience among special students during Covid-19

Method: Cross-sectional correlational research design was used to investigate the relationship between study variables. The total sample of n=250 special students consisted of 100(40%) females and 150(60%) with having age range from 15 to 30 years. The purposive sampling technique was employed to collect the data by using different research instruments

Results: Results were drawn using correlation and multiple regression analyses. To explore gender differences, an independent t-test was computed. It was concluded that mental distress is negatively correlated with resilience and positively correlated with perceived stress.

PraccticalImplication: This research would be helpfulfor the teachers of the special education centers, they train their how they develop resilience hence they may become emotionally stable and deal effectively with any worrisome circumstance well. It will help school administration of the special students'to conduct workshops on the resilience so that students could deal with their mental distress and perceived stress effectively.

Conclusion: There was little published research on the variables examined in this study, particularly in Pakistan. To increase the body of knowledge, research on this subject must be done in Pakistan.

Keywords: Mental distress, Resilience, Perceived stress, Special students, Covid Pendemic.

INTRODUCTION

The Covid-19 pandemic has affected almost everyone in society. But it affects people with disabilities or special needs differently. People with special needs are more prone to this. Approximately more than a billion people in the world are disabled[1]. During the Covid-19 outbreak, people with special needs have experienced numerous difficulties and obstacles. Around the world Covid outbreak is a significant source of stress, misery and negative emotions.

The COVID lockdowns posed significant challenges for people with impairments in obtaining support for their daily lives. People with physical disabilities indicated that during the pandemic, transportation for daily activities as well as restrictions on the ability to purchase products and services and receive hospital care and prescriptions were made more difficult. Around the world, there is more psychological anguish as a result of the COVID-19 epidemic[2].

In the United States, one in four non-hospitalized adults reports a disability[3]. Due to higher rates of illness and deaths, poorer availability of care, greater unfulfilled medical needs, stigma laws, and sexual discrimination practices, these people may be adversely affected by the Corona.In comparison to data released before the pandemic, resilience levels in the United States drastically decreased during the pandemic[4].

Mental distress is an unpleasant mental-emotional illness that can make it challenging to deal with day-to-day problems, such as dread, worry, despair, confusion, or mood swings. Mental distress is expected to replace physical discomfort as the second leading cause of disability globally by 2020. This makes children more vulnerable to emotional distress due to the intense competition and cravings in recent years. According to studies mental distress involves Suicidal ideation, lack of motivation, difficulty falling or staying asleep, sadness or depression, feeling gloomy about the future, feeling emotionally bored, sobbing easily, or wanting to cry[5].

People that are in mental distress may have issues with their thoughts, feelings, or actions. Both the person with the

disease and their family may find it challenging. However, it's nothing to be ashamed of. Furthermore, it is important to recognize that there is no one to blame for the existence of mental discomfort. It is occasionally thought to be brought on by anger, penance, or the death stare. In contrast, doctors contend that a variety of reasons, including neurological disorders, stress, common problems, and the effects of traumatic experiences, can cause mental distress.

Perceived stress is the experience of distress during a response to stressors[6]. Perceived self-efficacy and perceived helplessness are the two aspects that make up the multidimensional construct of perceived stress. Only a few research have looked at perceived stress profiles[7]. Instead of evaluating stress, most of these studies have concentrated on how people evaluate certain stresses. The previous definitions consistently apply to profiles that are "low stress", "normal" or "normative"and that have relatively low amounts of perceived stress indicators. Greater levels of perceived stress have been linked in studies to poorer health outcomes, greater levels of depression, distress, and anxiety, and higher degrees of functional limits in disabled people[8]. Often, perceived stress is not seen as a response to environmental stress but is seen as a personality style[9] different people may perceive stress in different ways.

Resilience is the capacity to respond successfully to hardship, trauma, sorrow, danger, or even extremely stressful situations Resilience is the capacity to bear setbacks, adapt well, and emerge stronger after hardship[10]. People with strong levels of resilience frequently employ adaptive coping mechanisms, which enhance mental health during a pandemic. Positive adaptability during a period of extreme hardship is referred to as resilience. When compared to pre-pandemic data, resistance rates in the US sample considerably fell during the pandemic. The most notable increases in mental problems were reported by those with lower levels of resilience. In Ethiopia, nearly 50% of those with disabilities exhibited signs of depression or generalized anxiety disorder before the pandemic, and a comparable percentage (47%) had minimal psychopathology[11].

It has been demonstrated that the current discussion about the coronavirus disease 2019 (COVID-19), which is anticipated to afflict most of the world's population with extremely high transmission rates, increases tension, depression, and anxiety in

the general public. People with hearing impairments may not be able to obtain services as easily as they could before the COVID-19 epidemic because of international constraints, which could result in certain restrictions. The psychological resiliency and acute stress levels of people with hearing loss during the COVID-19 epidemic are thought to be connected to these restrictions. Consequently, this study's objective was to assess resilience and individuals' acute stress levels with hearing loss during the COVID-19 pandemic as well as the association between the severity of hearing loss and these variables.

The COVID-19 pandemic has caused people to undergo mental distress and mental health problems[12]. Different people respond to stress in various ways. An increase in resilience is linked to better mental health and decreased stress[13]. The psychological state of the students was significantly impacted by the present pandemic. Students who have experienced the COVID-19 epidemic have reported experiencing mental distress (such as depression and anxiety) and stress regularly.[14] There has not been any prior research done in Pakistan on the psychological distress and perceived stress that special students experienced during the COVID-19 pandemic. Additionally, the resilience of students with special needs was not studied. This study aims to better understand mental distress, perceived stress, and resilience among special students during COVID-19. This research is the first of its type to seek to close the critical or sensitive gap and assist policymakers in managing the mental health of special students. The purpose of this study is to identify the relationships between mental distress, perceived stress, and resilience among special students during the COVID-19 pandemic.

Objectives

1. To explore the relationship among mental distress, perceived stress, and resilience in special students during the covid-19 pandemic
2. To investigate the predictors of resilience among special students
3. To assess the gender difference in special students in terms of mental distress, perceived stress, and resilience

METHOD

Research Design. A cross-sectional co-relational research design was used to investigate the relationship between mental distress, perceived stress, and resilience among special students during the Covid-19 pandemic. The sample consisted of n=250 special students (40% females n=100, and 60% males n=150) collected through a purposive sampling strategy having an age range from 15 to 30 years. Furthermore, normal students were excluded.

Instruments: Patient Health Questionnaire. It is a 4-item Likert (four points 0–3) scale developed to assess the mental distress of the patients.[15] Mental distress is measured by the sum (0-12) of these items. The reported Cronbach alpha reliability of the Patient Health Questionnaire is α=.91.

Perceived Stress Scale. It is five points rating scale used to assess the perceived stress of individuals. Responses to the scale are reverse-coded so that a higher score denotes more stress. The reported alpha reliability of the scale is α=.65[16].

Final Resilience Scale. It is a 19-item 5-point Likert scale developed by Khan et al. (2017). It includes four factors i.e., "Emotional Regulation", "Adventurousness", "Determination" and

"Self Reliance". The alpha reliability of the scale is ranging from α=.76 to .84.[17]

Ethical Considerations. The research topic was approved by the government college University (GCU) Board of studies committee (BOS). Before the conduction of the research formal permission was soughed from the original authors of the scales. Lastly, written informed consent was obtained from the participants while explaining to them the nature of the study. The confidentiality and anonymity of the responses were also explained.

RESULTS

Table 1 indicated that all the scales have acceptable alpha coefficients ranging from α=.60 to α=.88.

Variable	k	M	SD	α
Mental Distress	4	7.20	2.753	.60
Perceived Stress	4	10.54	2.897	.41
Resilience	19	50.31	14.186	.88

Note. k = Number of items, α= Cronbach's alpha reliability.

Table 2: Correlation analysis among mental distress, perceived stress and resilience(n=250)

Variables	2	3	4	5	6	7
Mental Distress	.31**	-60**	-57**	-.50**	-.49**	-50**
PerceivedStress	-	-.01	-.08	.05	.01	-.01
Resilience		-	.88**	.85**	.86**	.83**
Emotional Regulation*			-	.63**	.70**	.60**
Adventurousness*				-	.61**	.65**
Determination*					-	.68**
Self-Reliance*						-

Note. **p<.001, (one-tailed), *= showing subscales of the Resilience

Results of the correlation analysis indicates that mental distress positive significantly correlated with perceived stress (r=.31), negative significantly correlated with resilience (r=-.60) and its sub-scalese.g., emotional regulation (r= -.57), adventurousness (r=-.50), determination (r = -.49) and self-reliance (r =-.50). Results of Multiple regression analysis showed that mental distress negative significantly predicted resilience (β =-.67). and perceived stress positive significantly predicted resilience (β=.20) in the special students. The model explained a 40% variance in resilience. Results of the independent sample t-test showed no significant gender differences were found in terms of mental distress, perceived stress, resilience, and its subscales.

Table 3: Mental distress, perceived stress as a predictor of resilience in special students (n=250)

Variable	B	SE	β	95% CI	
				LL	UL
Constant	64.768	2.857		59.14	70.39
Mental distress	-3.425	.268	-.67**	-3.95	-2.89
Perceived stress	.969	.254	.20**	.46	1.47
R^2		.40			
F		81.95**			

Note. CI = confidence interval, LL = lower limit, UL = upper limit. **p< .001

Table 4: Independent Sample t-test showing Gender Differences in Study Variables (n=250)

Variables	Male(n=150)		Female (n=100)		t(248)	sig
	M	SD	M	SD		
Mental Distress	7.27	2.59	7.11	2.99	.44	.660
Perceived Stress	10.48	2.95	10.63	2.82	-.40	.689
Resilience	49.75	14.13	51.15	14.29	-.76	.447
Emotional Regulation*	15.43	4.83	15.87	5.46	-.67	.501
Adventurousness*	12.68	4.45	13.45	4.31	-1.35	.176
Determination*	11.04	3.72	11.16	3.55	-.25	.800
Self-Reliance*	10.61	3.33	10.67	3.51	-.14	.886

Note: *= showing subscales of the Resilience

DISCUSSION

The purpose of this research was to find out the relationship between mental distress, perceived stress, and resilience among special students during the Covid-19 pandemic.

The first objective of the study was to investigate the relationship between mental distress, perceived stress, and resilience among special students during the Covid-19 pandemic. The current study findings, which show a significant negative relationship between resilience and perceived stress, are consistent with earlier research from within or outside. Between respondents' perceptions of stress and their levels of resilience, a significant negative relationship has been observed.[18]Significant evidence showed that resilience level and perceived stress were negatively correlated[19]. The findings of the current study demonstrated a strong inverse association between resilience and mental distress.This outcome is comparable to other studies. Similar research shows a substantial inverse association between mental distress, such as depression and anxiety, and resilience in students with special needs[20]. The perceived stress and mental distress at all levels have a positive substantial link with one another. Co-relational analyses reveal a positive correlation between perceived stress and psychological distress, which is in line with earlier studies[21]. This study suggests that perceived stress and mental distress are positively correlated in a statistically meaningful manner. The current study discovered a relationship between perceived stress and mental distress. This shows that perceived stress increases as mental distress scores alsoincrease. The findings are similar to the prirorstudy which found that extended exposure to perceived stress would cause mental distress if it is not managed effectively. It also agrees with Cheng et al (2015) results that students experience considerable significant levels of anxiety and perceived stress during COVID-19. Secondly, it is supported by research showing that mental distress is linked to feelings of perceived stress, anxiety, and depression[22,23].

The second objective of the study was achieved through the results of regression analysis that showed mental distress gave a negative effect on resilience. The higher the level of students' mental distress, the lower the level of students' resilience, and so on. This result is consistent with previous studies. These students with low levels of resilience were found to have more mental distress[24]. The most significant increase in mental distress was noted by those with low resilience.

The third objective of the study was computed through the Independent Sample t-test Results from the independent sample t-test showed no significant gender differences in terms of mental distress, perceived stress, or resilience. However, gender differences were not shown to be statistically significant in our study. Male and female special students exhibited a similar amount of mental distress, resilience, and perceived stress. This result is consistent with the studies. No gender differences in stress and mental distress were discovered in studies conducted in Finland and Britain[25]. During the COVID-19 pandemic, both male and female special students experienced a progressive decline in resilience. Male and female special students do not significantly differ in their levels of resilience, mental distress, or perceived stress.

CONCLUSION

The present study concluded that there is a significant relationship between mental distress, perceived stress, and resilience among special students during the covid pandemic. It is also concluded that perceived stress is negatively correlated with resilience and positively correlated with mental distress. Mental distress was a predictor of resilience. Furthermore, there is a low level of resilience and a high level of mental distress among special students duringthe covid-19 pandemic.

Limitations and Suggestions: There was little published research on the variables examined in this study, particularly in Pakistan. Therefore, little indigenous literature was available regarding these variables. To increase the body of knowledge, research on this subject must be done in Pakistan. Data were collected only from the two cities of Lahore, Pakistan. Therefore, it is suggested thatmore cities and zones must be included in future studies for enhancing the generalizability of the study.

Future Implications: This research will help special education centers to teach special students how to develop resilience so they may become emotionally stable and deal effectively with any worrisome circumstance well.It will help Special students'schools to conduct workshops to help students deal with their, mental distress and perceived stress.The study will also help identify the causes of perceived stress and mental distress among special students.It will give insight to special education centers to introduce supportive counseling programs and hire counselors and psychologists to manage perceived stress and mental distress and also to enhance their resilience.

Conflict of Interest. There is no conflict of interest.

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