

MENTAL HEALTH SECURITY CHALLENGES OF THE COVID-19 PANDEMIC AND ITS IMPLICATIONS FOR NIGERIAN TERTIARY INSTITUTION EDUCATION SYSTEM BY

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Abstract

The negative impact of the Coronavirus 2019 pandemic on mental health problems has been reported by media globally. Mental health is a major health contributor to the overall global burden of diseases. The mounting pressure of COVID-19 upon mental health of students in all aspects of human endeavor, education inclusive has changed a myriad of life's aspects causing significant distress, depression, anxiety, panic disorders, insomnia, fear, frustration in high, middle, and low-income countries across the world. The adopted version of Depression Anxiety and Stress Scales (DAAS-21) and the Impact of Events Scale-Revised (IES-R) were used for data collection. This study examined the prevalent mental health issues resulting from COVID-19 experiences during lockdown and post-lockdown academic activities of Nigerian tertiary institution students, of which 286 students were sampled for this study. Results revealed anxiety as a significant COVID-19 pandemic security challenge to tertiary institution students in Nigeria. The result also revealed significant difference in the mean scores of respondents expressed mental health challenges of the COVID-19 pandemic based on gender, age, school type and course of study. The implication is on poor state of required technological tools for advancement of quality education at tertiary education levels in Nigeria.

Keywords: Mental, Health, Security Challenges, Covid-19 Pandemic, Nigerian Tertiary Institution System

Introduction

Pronounced mental health security challenges arising from the COVID-19 pandemic are still remarkably prevalent across the world of today. A lot of

worries and apprehension still linger as imminent extinction of the COVID-19 pandemic, also known as coronavirus, a severe and acute respiratory syndrome coronavirus-related illness is yet invisible; since the outbreak in February 2019, immunizations and numerous other preventive measures have been implemented to stop the virus's spread. The virus' continuous mutation in various forms ranging from Delta to Omicron and now BA.2 raises concerns about the rise of various versions and anxieties as to how long people will have to live and battle with its cumbersome and inconvenient restrictive measures. The fear and panic of perceiving oneself and family members as potential victims of COVID-19 pandemic infection or death following news of high incidences of death released by local media suggest that possible cure is not yet in view.

The World Health Organization (WHO) declared the COVID-19 pandemic to be a global emergency on January 30, 2020, because of the severe health risks it has caused. Governments implemented border closures, travel restrictions, and quarantines in response to the COVID-19 curve flattening, raising concerns about an approaching recession and economic crisis (Nicola et al., 2020). This was welcomed with panic buying in shops and markets and further complicated shortages (Crain's Chicago Business, 2020). To control the exponentially increasing spread of the pandemic, countries around the world have imposed some protective measures, including social distancing, ban on congregations, avoidance of unnecessary travels, nose masking, regular hand sanitizing and washing with soap in running water to mention but a few (Rubin & Wessely, 2020).

Advantages of Mental Health

Humanity recognizes the need for good mental health for successful and healthy existence. A person is said to be in optimal mental health when he is aware of his abilities, able to handle life's normal stresses, work productively and fruitfully, and able to give back to his own community (Australian Government Department of Health, 2021). Someone with optimal mental health can also function psychologically, emotionally, and socially (Plumptre, 2021; Canadian Mental Health Association, 2022). Individual overall well-being heavily depends on mental health state. However, "health without mental health is not simply a catchphrase." It also recognizes the significance of mental health in the effort to enhance general welfare and productive engagement in social and economic activities.

Stress, anxiety, and fear are common reactions to real or perceived threats that might be related to instances like death of a loved one, job loss, interpersonal issues, and challenging situation like the covid-19 pandemic. However, with sound mental health, the despair and rage brought on by such horrific occurrences eventually dissipate, allowing one to go on enjoying life (Plumptre,2021).

Undoubtedly, the COVID-19 pandemic has posed a lot of fear and panic worldwide. It has caused a 25% increase in the prevalence of anxiety, depression, emotional isolation, insecurity, and stigma among people everywhere and undermined the mental health of entire communities due to numerous stressors during and after the COVID-19 lockdown (World Health Organisation, 2022).

The major changes to everyday life brought on by the restrictions on transportation in favor of measures to contain and halt the spread of the virus are added to the fear of contacting the COVID-19 pandemic. The new realities of working from home, short-term unemployment, home-schooling children, and lack of physical contact with other family members, friends, and coworkers also signal danger threats to mental and physical health (Nabila et al., 2021; World Health Organization, 2022).

It is impossible to exaggerate the advantages of mental health for overall well-being. The ability to deal with difficulties in life and overcome obstacles is better when mental and emotional states are at their best. A stable mental state might support healthier coping techniques where alcohol, drugs, isolation, temper tantrums, or fighting may have been used to handle marital conflicts, money problems, work difficulties, or other life obstacles (Miller, 2019; World Health Organisation, 2022). Having good mental health has several advantages, including improved productivity, healthier relationships, and positive self-image (Miller, 2019). Personal sentiments about oneself are strongly correlated with mental health. A person whose mental health is in good shape is more likely to concentrate on their positive attributes and to have goals that aim for a long, happy life. Self-esteem is influenced by overall mental health. The presence of confidence is frequently a sign of mental wellness (Miller, 2019). High levels of mental health are linked to better learning, creativity, and productivity, as well as greater pro-social behavior and pleasant social interactions, as well as better physical health and life expectancy, according to research (Canadian Mental Health Association, 2022). Contrarily, mental health issues like depression, anxiety, schizophrenia, and others can be distressing, have an impact on daily life and relationships, and are linked to ill health and early death (World Health Organization, 2022).

Also, the inability to carry out daily duties with ease and experiencing unexplained perplexity, anger, guilt, or worry are risk factors for poor mental health that may have an impact on mental well-being and raise the possibility of developing psychiatric disorders (Miller, 2019). Although this role is not well understood in low- and middle-income countries, such circumstances may affect one's capacity to handle life's curveballs, disrupt daily activities, and manage changes like the detrimental effects of COVID-19 on mental health that have been reported by media outlets around the world (Plumptre, 2021).

To enjoy the benefits of strong mental fitness and to combat or prevent the mental health issues that are related to a chronic physical illness or the onset of physical or mental illness, there is a strong advocate for the need to nurture and sustain mental health (Canadian Mental Health Association, 2021). Exercise, a healthy diet, and stress management are three crucial steps to enhancing mental fitness. For instance, exercise offers numerous psychological advantages. It is seen as a crucial component in establishing and preserving mental fitness. Regular physical activity appears to be beneficial as psychotherapy in treating mild to moderate depression and can lessen anxiety, according to research. Additionally, therapists state that patients who routinely exercise feel better and are less likely to overeat or engage in drug and alcohol misuse (Canadian Mental Health Association, 2021). In line with its advocacy for mental health sustenance, WHO advises people who care for children, older people, people in isolation, and general public members to take care of their mental health during the COVID-19 pandemic. This is done in collaboration with partners (Canadian Mental Health Association, 2021; Plumpre, 2021).

Prevalence of Mental Health Security Threatening Events of COVID-19

Global healthcare has suffered due to COVID-19, which has negatively impacted all facets of human life (Nicola et al., 2020). The pandemic caused a severe decline in population mental health, and depression frequency across the board rose significantly in 2020. The pandemic has destroyed jobs and jeopardized the livelihoods of millions of people. Millions of people have lost their jobs since the COVID-19 pandemic began, and the majority have seen considerable disturbances in the way their work is organized and experienced. Anxiety and sadness are also more common among France's unemployed since that time. Many workers continue to participate in job retention programs (OCED, 2021).

In 2020, there was a significant increase in the prevalence of depression, which led to job losses, illnesses, and deaths among family breadwinners as well as a threat to the nutrition of millions of people, especially those in low-income countries and the most marginalized groups, such as small-scale farmers and indigenous peoples (WHO, 2020). Worldwide, the coronavirus pandemic has resulted in a tremendous loss of human life. It has impacted every aspect of daily life and poses previously unheard-of difficulties for food systems, public health, and the workplace.

Security threatening events of the COVID-19 pandemic have been felt in all aspects of human livelihood, including commercial activities, manufacturing industries, and education programmes to mention a few. Regarding the pandemic's detrimental effects on business operations and the manufacturing sector during the lockdown, skeleton work increased the anxiety of a food shortage, sadness, and uncertainties that pervaded events and activities. Markets'

suspension of floor trading also affected the capacity to swap commodities, which led to panic purchasing and further compounded shortages outside of grocery store shelves (WHO, 2020). Due to disruptions in supply chains and self-isolation policies, importation problems and workforce shortages showed out as the top concerns for firms. Indeed, for many industrial workers, working from home is not a viable choice (WHO, 2020). The British Factory Federation (BPF) undertook a survey to determine how COVID-19 is affecting the UK manufacturing industry (UK). Over 80% of those polled predicted falling turnover over the following two quarters, and 98% expressed concern about how the epidemic would affect business operations (Plastic Trade Body, 2020).

Travelers' Emotional Trauma Experiences

COVID-19 restrictions have seriously taxed international travelers' mental health security in several regards through rigorous border checks, repeated COVID-19 testing, compulsory quarantine for at least 14 days regardless of whether PCR test results turn negative or not, continuous monitoring of foreign travelers and demand for daily report of health status by Public Health Department and so on. These personal experiences of the researcher during her December 2021 brief stay in Canada obviously apply to hundreds of foreign travelers whose mental security had been taxed by continuous tension and panic while fearing probable positive COVID-19 test results requiring repeated testing and disruption in return journey' dates to their respective countries.

Tourists expressed overwhelming negative feelings of despair and agony during the COVID-19 pandemic. The new coronavirus pandemic unleashed a previously unimaginable worldwide situation in the first half of 2020: thousands of grounded aircraft, closed hotels, and interruptions to mobility in more than 180 nations. In February 2020, a slow escalation of travel restrictions and bans started, initially targeting Chinese nationals (Qi and Hi, 2021). Most memories and bad sensations predominated during the journey. Fear and despair were the two emotions that were most frequently mentioned, followed by tension, panic, stress, crying, nervousness, agony, frustration, sadness, and paranoia. These emotions were especially prominent in descriptions of experiences with lockdowns, flight cancellations, customer service issues, concerns about the possibility of contamination, and situations upon returning home. In numerous accounts, phrases like "being stranded" and "I just wanted to go home" emerged at poignant points in the interview when participants recalled the anxiety and worry of being away from home and surrounded by uncertainty. There were reports of anxiety related to Covid-19 during the pre-trip (Mayer & Coelho, 2021).

In the post-trip memories, sentiments of relief and comfort were always connected to going home and the satisfaction of at last being in a location with a psychological sense of security. When participants talked about the end of the trip,

the culmination of attempts to "escape" from "being stuck" in new or foreign places, relief and delight were also mentioned. The accounts of the interviewees often contained expressions of gratitude for a "good ending" (Mayer & Coelho, 2021).

Experiences of travelers stranded abroad are reported to be characteristic of mental and financial distress. Between July and September 2021, a primary data analysis was gathered using an online poll directed at those stuck overseas and unable to travel back to their home countries because of international travel restrictions. Responses show that 550 of 1245 rep, representing 44% respondents had earlier left their country of residence to take up long-term employment. Also, 854 of 1341 representing 63.7% respondents were stranded abroad for more than five months, while 357 of 1245 representing 28.7% of the respondents either had a flight booked or awaiting flight availability (McDermid et al., 2022).

In the COVID-19 depression, anxiety, and stress categories, many people stranded overseas reported lack of access to crisis assistance or mental health services. Responses from 719 of 1133, representing 63% stranded respondents revealed lack of access to crisis assistance or mental health services. Only 157 of 414 respondents representing 37.9% accessed crisis services. In addition, 133 of 1112 respondents, representing 12%, spent some time homeless while trapped abroad, 30 of 94, representing 32%, reported sleeping on the couch or in a spare bedroom at a friend's or family member's house, while 30 of 94 respondents representing 32%, were staying in emergency housing including homeless shelters. Less frequent experience revealed in responses of 18 of 94, representing 20% of respondents concerned those who lived on trains, in automobiles, at airports, in tents, and on the streets. Two survey participants admitted to having been sexually assaulted while residing in a homeless shelter (McDermid et al., 2022). Also, 723 of 1127 respondents, representing 64.2% of the population, reported experiencing financial difficulties, while 433 of 1127 representing 38.4%, reported a change in work, a breakdown of the methods used by respondents to deal with their present financial condition, employment changes, and employment history (McDermid et al., 2022).

COVID-19 Mental Health Security Challenges and Tertiary Education Institution Education

Preschool to tertiary education have been affected by COVID-19. Different nations have implemented various measures, from total closure in Germany and Italy (Samuel, 2020) to selective closure in the UK for everyone but the children of employees in vital industries (20). Following the WHO's official declaration of COVID-19 as an epidemic on March 12, 2020, most educational institutions worldwide closed at the start of April 2020, when about 1.6 million pupils were impacted across 194 nations. Additionally, the government of more than 100

nations has ordered all educational institutions to close. According to UNESCO, the closure of educational institutions has impacted nearly 900 million students. All schools in Nigeria were ordered to close in March 2020, and they did not start to resume until October of that same year (Nicola et al., 2020).

The Nigerian higher education, being one other sector with devastated impact of COVID-19, has been drastically affected by school closure, which brought a halt to teaching and learning activities for a period of 8 months COVID 19. During the lockdown, tertiary Institutions switched from traditional face-to-face instruction to remote learning via online learning management systems, including Canvas, Zoom, Edmodo, Google Classroom, and Microsoft Teams. Although there was unequal access to educational opportunities on the part of the students, course materials and pre-recorded lectures were also sent to students' e-mails, uploaded learning software, and occasionally students' WhatsApp groups by lecturers (Ebohon et al., 2021). Therefore, school closure resulted into poor learning, poor skills poor achievement poor school health, challenges in school assessment and transitions.

As a result of the widespread mental health crisis brought on by the COVID-19 pandemic's security-threatening triggering events, there have been jarring socioeconomic and demographic shifts, food insecurity, commercial and industrial productions that have crippled public service budgets, forced migration, and displacement (WHO, 2021). Financial crises can disrupt public service budgets, healthcare, and educational systems. These crises compromise educational institutions and healthcare facilities, which are both known to be intimately tied to the insecurity of mental health care (WHO, 2020). These pressures could trigger the next global mental health crisis, which is potentially just as dangerous for long-term health security as infectious diseases (Adelakun, 2020).

The Problem

Like in other sectors of agriculture, commerce, industry and health, the Nigerian educational institution is one sector that has been worse hit by the security challenges of the COVID-19 pandemic worldwide. Consequent upon the prolonged eight (8) months closure of schools across the length and breadth of Nigeria, students of Nigerian tertiary institutions along with their respective family members continuously faced uncertainties and fear of the unknown about imminent end of school closure. This was a great concern and disturbance to parents, students, educationists, and parents. Despite the arrangements made by some tertiary institution management for virtual teaching and learning during school closure, students residing in rural areas or lacking in using electronic or mobile devices lacked access to such virtual teaching. This study investigates the mental health security challenges posed by the COVID-19 pandemic to students

of tertiary institutions during lockdown and post-lockdown teaching-learning experiences with implications of results for Nigerian tertiary institution education system.

Procedure

This study adopts a survey research design. A total of 368 male=186 and female=100 students from five different tertiary institutions were involved in this study to explore / investigate the mental health security challenges of the COVID-19 pandemic on tertiary institution students in Nigeria. The DASS21 (Depression, Anxiety and Stress Scale) is the adapted instrument for data collection. DASS21 is a standardized instrument consisting of 21 items with 7 items per sub-scale of Depression, 7 items for Anxiety subscale and 7 items for Stress subscale. DASS21 scale has been shown to have high internal consistency and potential to yield meaningful discriminations in a variety of settings. DASS21 Scale was distributed to 6 institutions across the geopolitical zones of Nigeria through various social medium platforms in students’ departments. 286 retrieved responses from the 400 copies of the instrument distributed were used as samples for this study. One (1) research question and one (1) null hypothesis guided this study. Simple percentage, as well as descriptive statistics of mean score and Analysis of Variance (ANOVA), were used to analyse results as presented below, firstly with the demographic data of respondents.

Results

Table 1: Demographic data of respondents: Gender, Age, School and Course types

1	Gender	Frequency	Percent	Valid Percent	Cumulative percent
	Male	186	65.0	65.0	65.0
	Female	100	35.0	35.0	100.0
	Total	286	100.0	100.0	

1	Age	Frequency	Percent	Valid Percent	Cumulative percent
	18-22	9	3.1	3.1	3.1
	23-28	213	74.5	74.5	77.6
	Above 28	62	22.4	22.4	100.0
	Total	286	100.0	100.0	

3	School Type	Frequency	Percent	Valid Percent	Cumulative percent
	Ado Bayero University. Kano	45	15.7	15.7	15.7
	Kaduna Polytechnic	50	17.5	17.5	33.2
	Imo State University, Owerri	98	34.3	34.3	67.5
	Adeyemi College of Education	84	29.4	29.4	100.0
	University of Port Harcourt	9	3.1	3.1	
	Total	286	100.0	100.0	

4	Course Type	Frequency	Percent	Valid Percent	Cumulative percent
	Chemistry	9	3.1	3.1	3.1
	Mathematics	55	19.2	19.2	22.4
	English	120	42.0	42.0	64.3
	Social Sciences	93	3.1	32.5	96.9
	Physics	9	100.0	3.1	
	Total	286	100.0	100.0	

Table 1 above presents demographic representations of respondents according to gender, age, and institution and course types. The table shows 186 male respondents representing (65%) and 100 female respondents representing (35%) of the total 268 respondents. The table also shows that 9 (3.1%) respondents are of age 18-22, 213 (74.5%) of age 23-28 and 64(22.4%) of age above 28. Distribution of respondents' institutions shows 45(15.7%) are from Ado Bayero University of Kano, North-West geo-political Zone, 50 (17.5%) from Kaduna Polytechnic, North Central, 98 (34.5%) from Adeyemi College of Education of Ondo, South-West geo-political zone, 84(29.4%) from Imo State University of Southeast and 99 (3.1%) from University of Port Harcourt, South-south Geo-political zone. Respondents' distribution according to course types shows that 55

(19.2%) were Mathematics students, 120 (42.0%) Chemistry, 9 (3.1%), English, 93 (32.5%) and 9 (3.1%) students of social sciences and physics courses respectively.

Research Question One: What is the mean score rating of respondents’ expressed mental health security challenges of the COVID-19 pandemic?

Table 2: Mean score rating of mental health security challenges of COVID-19 pandemic

Descriptive Statistics			
	N	Means	Std.
I feel that I am using a lot of nervous energy	286	1.50	.591
I find myself getting upset rather easily	286	1.43	.700
I find myself getting impatient when I am delayed in any way (e.g., elevation, traffic, being kept waiting)	286	1.27	.890
I feel sad and depressed	286	1.19	.661
I feel that I have nothing to look forward to	286	1.18	.466
I find it difficult to relax.	286	1.14	.636
I find myself in situation that made me so anxious and relieved when ended.	286	.65	.784
Valid N (listwise)			

The mean score rating of mental health security challenges of COVID-19 pandemic shows highest responses to anxiety items over other mental health subscales of depression and stress. For example, mean rating to item ‘I felt that I was using a lot of nervous energy’s mean rating of 1.50 is the highest compared to items of depression and stress.

Research Question Two: Which mental health subscale is significant for respondents' COVID-19 security challenges?

Table 3: Subscale of mental health that is significant of COVID-19 security challenge

		Frequency	percent	Valid Percent	Cumulative percent
Valid	Depression	10	3.5	3.5	3.5
	Anxiety	214	74.8	74.8	78.3
	Stress	62	21.7	21.7	100.0
	Total	218	100.0	100.0	

The table above shows descriptive statistics of the respondents. The result shows security challenge on depression on the average to be 3.5%, Anxiety at 74.8% and Stress at 21.7. Therefore, the study reveals that anxiety is a significant COVID-19 security challenge to tertiary education students of Nigeria.

Hypothesis 1: There is no significant difference in the mean scores of respondents expressed mental health security challenges of COVID-19 based on gender, age, institution, and course Types.

Table 4: Analysis of Variance of differences mean scores of respondents expressed mental health security challenges of the COVID-19 pandemic

R = .513 ^a R2 = .863 Adj. R2 = .247 Std Error of the Est =466.					
Model	Sum of Squares	DF	Mean Square	F	Sig.
Regression	21.587	6	3.599	16.598	.006 ^a
Residual	60.505	279	.217		
Total	82.101	285			

a. Dependent Variable: insecurity during lockdown

b. Predictors: (Constant), gender, age, school type and course Type

Results in table 4 indicate the one-way Analysis of Variance (ANNOVA) value of 16.598, DF 285. Since the calculated F-ratio is higher than critical F ratio .000 at .05 level significance, the hypothesis was rejected. The result shows a significant difference in the mean scores of respondents expressed mental health

security challenges of the COVID-19 pandemic based on gender, age, institution and course types.

The study shows there is fitness of model which indicates that 86.3 % of the variation can be explained by variability of gender, age, school type and course Type. The statistical decision rule of p-value states that the Null hypothesis should be accepted if p-value is greater than alpha value (i.e., level of significant, which is 0.05); otherwise, it should be rejected, and the Alternative hypothesis is adopted. From this, it is established that the P-value is 0.0, which is less than the alpha value (0.05). Hence, this indicates that the result is statistically significant at 0.05 level of significance. Therefore, the study agrees that there is difference in respondent's mean scores of expressed security challenges of COVID-19 based on gender, age, institution, and course types.

Discussion

Result of this study reveals significant difference in mean scores of mental health challenges of the COVID-19 pandemic expressed by tertiary institution students based on gender, age, institution, and course type. The result also reveals anxiety as a significant COVID-19 pandemic challenge to students of tertiary institutions in Nigeria. The result agrees with the general notion that insecurities negatively impact a person's mental health and that insecurities feed mental health issues like depression, anxiety, and stress (World Health Organisation, 2020). All the three aspects of mental health security challenges (Depression, Anxiety and Stress) examined in this study were attested as having been impacted by tertiary students during lockdown, only that anxiety was most prominent of the three.

Result of significant difference in tertiary institution students' mental health challenges of COVID-19 pandemic based on gender, age, institution, and course type also corroborates with the finding of Adelokun, 2020 on the quality and effectiveness of the type of virtual teaching through which the skills of tertiary science students that could not gain access to practical aspects of their work was not enhanced. The study, however, disagrees with Eboho et al. (2020) on the advantage of virtual teaching among higher-income populations who can access technology that can ensure education continues digitally during social isolation (Alquishi, 2020; Eboho et al., 2020). The mental insecurity experienced by the population that has knowledge of ongoing virtual learning, but which unfortunately was not available to them could be better imagined. While these disparities tend to increase incidences of more deepened mental insecurities, they also go a long way to influence negative consequences of poor educational achievement, dropout and undesirable acting out behaviours of social vices like banditry among students.

Conclusion

Everyday life is full of stressors that task human resilience to cope and adjust appropriately and in performance of required tasks. COVID-19 pandemic stressors have additionally aggravated previously prevalent mental health security challenges of students of tertiary education system in Nigeria that pose enormous challenges to effective mental stability and successful accomplishment of academic achievement. Anxiety as COVID-19 pandemic security challenge is highly prevalent among students of tertiary institutions in Nigeria. Students of tertiary education in Nigeria differ in their expressed COVID-19 security challenges of depression, stress and anxiety based on gender, age, institution, and course types.

Implications for Nigerian Tertiary Institution Education System

The results of this study have a lot of implications for tertiary education educational system. Virtually in all public institutions in Nigeria, unfavorable learning environment stressors, overcrowding lecture halls, insufficient and poor sitting arrangement for lecture hours and examination sessions have been prevalent before the onset of COVID-19 with their resultant consequences on poor performances, examination malpractice, anti-social vices, and discipline problems among students. The prevalence of mental health security challenges of COVID-19 challenges among students of tertiary institutions in Nigeria revealed by this study as additional stressors indicate emergence of more frustrating psychological disturbances among students with tendency for increased poor academic results and discipline problems. This result implies that frantic efforts should be made by proprietors of tertiary institutions in Nigeria (Universities, Polytechnics and Colleges of Education to put in place required educational resources in their various institutions in order that anxiety, stress, and depression are drastically reduced among students of tertiary institutions in Nigeria.

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