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## **Closed Schools, Emotional-Behavioral Issues and Psychological Wellbeing of Children during and Post-COVID-19 Era: A Literature Review**

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### **Abstract**

COVID-19 school closures disrupted children's daily routines and limited their learning and social experiences, which in turn influenced their emotional and behavioral health. To synthesize published evidence on how school closures during and after COVID-19 affected children's emotional-behavioral outcomes and to outline an evidence-informed framework for psychosocial support. We conducted a systematic literature review of English-language, peer-reviewed articles indexed in PubMed, EMBASE, Google Scholar, and Elsevier (2020–2022) using terms such as “COVID-19,” “school closure,” “children's mental health,” and “psychological wellbeing.” Inclusion and exclusion criteria were predefined. Convergent themes across studies included routine disruption, social isolation, heightened stress and anxiety, adjustment difficulties, conduct problems, attention deficits, and negative emotions, often exacerbated by mis/disinformation, reduced social contact, and family financial strain. The synthesis informed a practical framework to guide prevention and response for parents, schools, social workers, mental-health practitioners, and policymakers. School closures contributed to notable psychosocial burdens for children during and after COVID-19. The proposed framework offers actionable, stakeholder-specific strategies to support psychological health in present and future disruptions.

Keywords: COVID-19, School Closure, Children, Emotional-Behavioral, Outcomes, Wellbeing, Interventions.

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## Introduction

States and regions continued ensuring unprecedented policies to respond to the novel public health threat of coronavirus (COVID-19) pandemic outbreak (Mukhtar, 2020). The necessary implementation of preventive and controlling measures towards the pandemic like social-distancing, self-isolation and quarantine, closed schools, academic institutions and shifted classes to home-based distance learning are some of the unprecedented modifications. The world entered an uncharted territory while children into an unexpected, uncertain, and unknown series of events in their entire course of life. Adverse psychological effects on children who are quarantined at home and children quarantined at healthcare facilities or social-care groups have markedly significant differences. Psychological distress, including fear and grief caused by separation from family makes them more susceptible to higher risk of infection (Mukhtar & Rana, 2020). Children's normal growth and development depend on their initial healthy attachments and caregiver-child separation in first few years has been associated with mental health outcomes and wellbeing (Humphreys, 2019; WHO, 2004).

A study conducted by Sprang and Silman (2013) indicated that children who were isolated or quarantined during epidemics were more likely to develop psychological issues such as stress, distress, adjustment issues, grief, posttraumatic symptoms, anger, and confused feelings. Further studies (Santavirta et al., 2015; Abel et al., 2014) indicated long-term adverse effects on mental health of children including developing personality disorders, mood disorders, and death by suicide in adulthood. Nearly 64% of the population is comprised of youth likely to be enrolled in academic institutions, are affected by these closings. School closing substantially upsets the students and may have impact on children's wellbeing (Mukhtar, 2020). Psychological impact of this on children could be manifested through certain behaviors such as clinging, inattention, irritability, boredom, frustration, anger, fear of infection, missing school and stress which could be aggravated with misinformation, family's financial loss, limited physical contact, and lifestyle change and behavior modification (Rana, et al., 2020). COVID-19 prompted unprecedented non-pharmaceutical interventions (NPIs) including social distancing, quarantine, and school closures—that rapidly altered children's environments and daily routines. Evidence from prior outbreaks suggests that isolation and separation are associated with stress, anxiety, and post-traumatic symptoms in young people, and long-term mental-health risks can persist in adulthood. During COVID-19, children's wellbeing was affected by routine disruption, reduced peer contact, family stressors, and the “misinfodemic,” amplifying distress and behavioral difficulties.

## Rationale

This paper is grounded in the objective of understanding and addressing the multidimensional impact of the COVID-19 pandemic with the focus on emotional-behavioral well-being of children during and after the closure of schools. The COVID-19 pandemic created challenges across society, and children, often the most vulnerable group, were especially affected. School closures disrupted their sense of normalcy, limited social contact, and altered daily routines. This paper examines both the immediate and longer-term implications of these disruptions for children's psychosocial health. Because children's wellbeing is shaped by many interconnected factors, an eclectic approach is used to capture its complexity. By reviewing the range of emotional and behavioral responses described in existing literature, this paper aims to provide a clearer picture of the different ways children have been impacted on.

This literature review critically evaluates research published on scientific platforms and brings together key findings to form a comprehensive understanding of the issue. In addition to synthesizing current knowledge, the review seeks to offer practical insights and potential strategies that can support children's mental health. Based on the evidence, it proposes a framework intended to guide parents, educators, social workers, mental health professionals, and policymakers in responding to children's needs.

Overall, the purpose of this study is to highlight the importance of systematically examining the emotional and behavioral effects of school closures during and after the COVID-19 pandemic. By doing so, it aims to contribute to efforts that protect and promote children's psychosocial wellbeing. In conclusion, children's wellbeing is multifaceted, shaped by intersecting psychological, social, educational, and economic factors. A structured synthesis is needed to clarify emotional-behavioral outcomes linked to school closure and to distill practicable support strategies for families, schools, practitioners, and policymakers.

### **Research Objectives**

- i. To analyze and synthesize the results of the literature review to comprehend the multidimensional and multifaceted impacts of closed schools on the mental health and psychological wellbeing of children.
- ii. To develop a framework that contributes to the children's mental health and wellbeing by addressing challenges and issues as well as presenting interventional strategies.
- iii. To evaluate the existing body of knowledge on the emotional-behavioral outcomes and mental health issues developed in children during and after the COVID-19 pandemic originated quarantine and compare the findings from the previously published findings from other sources of data.

### **Research Questions**

- i. How has the school closure during the COVID-19 pandemic impacted on the emotional and behavioral outcomes of children?
- ii. What are the diverse factors contributed to impacting children's psychosocial well-being during and past the COVID-19 era?
- iii. What patterns emerged from the literature regarding the children's mental health in response to the COVID-19 quarantine?
- iv. How do emotional-behavioral issues, mental health challenges, psychosocial concerns, and holistic wellbeing on children compare to those observed in other published data?
- v. What are the gaps in the existing literature regarding the wellbeing of children during and after the COVID-19 pandemic in relation to the school's closure?

### **Materials and Methods**

#### **Research design**

The research design for this study used a systematic approach to comprehensively examine the emotional and behavioral impact of closed schools on children. This methodological choice is guided by the necessity to synthesize existing bodies of knowledge from diverse sources of data and platforms. This research design aligned with the research objectives of evaluating the impact of the COVID-19 pandemic on children's health and wellbeing, identifying challenges, and offering a framework. Published previous and current articles on PubMed, EMBASE, Google Scholar, and Elsevier about psychological impact of infectious disease outbreak of COVID-19 has been considered and reviewed.

#### **Data Collection**

Literature review was done through SEO (search engine optimization) configuring, comparing, analyzing, and reviewing published literature. Selected

literature spanned across during and post-COVID-19 pandemic outbreak 2020-2022. Based on literature and phenomenological study, strategies and interventions were presented in a framework for the holistic wellbeing of children and youth. This review assessed COVID-19 pandemic's outbreak on children to understand the extent of adverse effects on psychological health, psychological crisis intervention, and mental health management plans.

A comprehensive literature search was conducted by searching terms, but not limited to, 'COVID-19', 'school closure', 'children's mental health' and 'psychological wellbeing'. Boolean operators were used to refine research and ensure the relevant articles were included.

Inclusion criteria. Selected articles were:

- a. Published in the English language
- b. Peer-reviewed
- c. Directly addressed the emotional-behavioral outcomes, mental health issues, psychosocial challenges, and psychological health of children during and after the COVID-19 pandemic quarantine and school closure.
- d. Relevant to the research focus and objectives

Exclusion criteria. Articles were excluded if they did not meet the inclusion criteria or fall outside the scope of the research focus. The studies which were not published in English, or studies in predatory journals, and those not specifically addressing the impact of COVID-19 pandemic on children were excluded.

#### **Time frame**

This article examined research published from the onset of the COVID-19 pandemic up to 2022 to capture how the effects on children's psychological health and wellbeing evolved during this period.

#### **Findings and Results**

A review of the selected articles focused on the effects of school closures on children's emotional-behavioral issues and psychosocial wellbeing during and after the COVID-19 pandemic. During data synthesis, key themes, patterns, and gaps related to children's mental health were identified. From these findings, a framework was developed to guide interventions supporting children's psychological wellbeing. This involved drawing together strategies, challenges, and recommendations reported across the literature and refining them into a unified framework aimed at promoting the wellbeing of children from diverse backgrounds.

The global public health impact of COVID-19 led to a significant rise in psychosocial difficulties, contributing to what many scholars describe as a secondary mental health crisis alongside the direct health effects of the pandemic (Qadri et al., 2021). These impacts appeared in numerous forms, including an increase in mental health problems and disruptions to children's overall wellbeing (Ullah et al., 2022). Public health measures such as lockdowns, quarantines, curfews, self-isolation, social distancing, and related restrictions—while necessary to control viral transmission—also introduced a range of challenges that affected individuals and communities. The pandemic reshaped education, economics, politics, and everyday social life, collectively influencing the psychological and sociological environments in which children developed.

Given the complexity of these circumstances, understanding the multifaceted factors that shaped children's mental health during this period is essential. The widespread emotional, social, and behavioral difficulties that emerged were fueled not only by school closures and isolation but also by factors such as misinformation, conspiracy theories, discrimination, stigma, and heightened emotional stress. These

influences underscore the need for a comprehensive examination of the psychological and social consequences of the pandemic on children.

The systematic review conducted for this study provided a detailed overview of the emotional-behavioral effects and psychosocial impacts of school closures on children during and after the pandemic. The review included research from PubMed, EMBASE, Google Scholar, and Elsevier, encompassing both earlier and more recent publications. Collectively, these studies documented a wide range of psychological and social responses among children, offering insight into how school closures specifically contributed to shifts in mental health during the COVID-19 era. An analysis of the reviewed literature revealed discernible patterns and trends in the emotional, behavioral, psychological, social and mental health impacts of close schools on children. Distinct themes emerged showed that the challenges faced by children during the COVID-19 pandemic originated quarantine and lockdown were intense. These challenges encompassed disruptions to routine, social isolation, heightened stress and anxiety levels, adjustment issues, conduct problems, emotional-behavioral impacts, psychosocial concerns, attention deficit, and negative emotions among the children.

A contributing product of this literature review is the development of a framework with the objective of empowering and strengthening children's psychological health and well-being. By synthesizing evidence-based intervention strategies and trauma-focused insights acquired from the reviewed articles, the comprehensive framework is established. This framework provides a structural pathway and preventive approach to address and manage the impact on children's health and wellbeing because of closed schools. It also offers a predictive element for the future events of this magnitude where children could experience the intense impact. This comprehensive model is intended for parents, school administration, social workers, medical and mental health care practitioners, policy developers, decision makers, stakeholders and even children on protecting and offering social support for the well-being of children in the short and long-term psychological consequences. In response to this, an evidence-based framework of a model will provide intervention strategies that operate at the juxtaposition of policy, research, and practice. This framework is designed to offer practical solutions for parents, schools, social workers, mental health practitioners, and policymakers to address the nuanced challenges children experience and protect them from adverse psychological impacts. The outcome of this review contributes to the fields of policy, education, mental health, social work, research, and practice.

i. RQ1. Emotional-behavioral outcomes linked to school closure.

Across studies, children experienced overwhelming psychosocial challenges during quarantine and school closure. The review consistently described elevated stress and anxiety, disruptions to daily routines, social isolation, adjustment difficulties, conduct problems, attention deficits, and negative emotions. These outcomes were frequently exacerbated by the limited social contact, financial strain, lifestyle changes, and mis/disinformation ("mis infodemic").

ii. RQ2. Factors shaping psychosocial wellbeing during and after closure.

The literature emphasized the wide, interlocking influences of pandemic control measures (e.g., lockdowns, quarantine, curfews, social distancing) on education, social life, and family contexts which were even harder to cope for children. These public health measures, although necessary, also created secondary mental-health burdens for children. Many experienced increased psychological pressure and, in some cases, stigma or discrimination connected to the pandemic. Together, these factors reshaped the

psychosocial environment in which children were living and contributed to the emotional and behavioral difficulties reported in numerous studies.

iii. RQ3. Patterns emerging across studies.

The synthesis of the reviewed literature highlighted several recurring patterns. First, disruptions in daily routines and prolonged social isolation emerged as major sources of distress. Second, emotional and behavioral responses frequently include clinginess, irritability, reduced attention, and visible signs of stress. Third, these challenges appeared consistently across countries and contexts, with studies repeatedly documenting heightened anxiety, negative mood, and difficulties with adjustment, focus, and self-regulation.

iv. RQ4. Comparison with prior published evidence

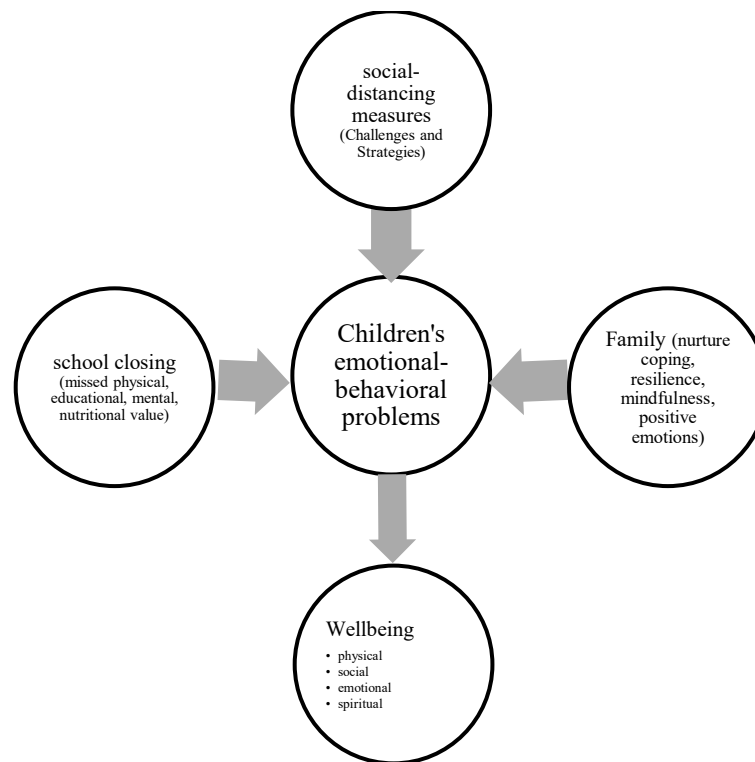
Findings were consistent with earlier work on the psychosocial impact of infectious-disease quarantines and school closure, including reports of stress, distress, grief, post-traumatic symptoms, and impaired psychosocial functioning. The present synthesis aligns with that evidence while focusing specifically on the compounded effects associated with COVID-19 school closures and related distancing measures.

v. RQ5. Identified gaps.

Despite widespread reporting of adverse emotional-behavioral outcomes, the literature showed gaps in granularity (e.g., limited detail on variability across subgroups and contexts) and in standardized reporting of outcomes aligned to comparable indicators. These gaps complicate precise cross-study comparisons and underscore the need for clearer, consistently defined metrics in future work.

### **Resulting framework**

Drawing from convergent evidence, we formulated a comprehensive, evidence-informed framework to support children's psychological health during and after school closures. The model integrates intervention strategies, challenges, recommendations, and implementation pathways for stakeholders (parents, schools, social workers, mental-health practitioners, policymakers) and is intended to guide preventive and responsive practices in both near-term and longer-term contexts. Figure 1 showed the proposed framework.



*Fig 1. Proposed Framework*

## Discussion

### Closed schools – challenge or strategy

The scale and promptness of school closing was unprecedentedly global. Global, Indigenous, national, regional, local, or reactive closed schools in response to COVID-19 pandemic outbreak have proven to be more challenging than estimated. A study conducted (Jackson et al., 2014) informed that closing schools can reduce transmission of pandemic influenza if instituted early in outbreaks. Other reviews (Nafisah et al., 2018; Rashid, et al., 2015; Jackson et al., 2014; Mukhtar, 2023) have indicated adverse effects in closing schools can pose during outbreaks include economic instability to working parents, academic personnel's mental health issues, children's vulnerability to abuse and trauma, disease transmission from children to vulnerable community-dwellers grand-parents, children's loss of interactive educating learning environment, impact on children's welfare, and children from low socioeconomic background's mainly reliance on free school meal for nutrition. Social isolation itself brings the multitude of psychological issues in children and adolescents (Brooks, 2020). The economic aspects for children and their families due to closed schools are much higher. A study conducted by Sadique, Adams, and Edmunds (2008) suggested that 16% of the workforce are the main caregivers for dependent children resulting in higher staff absenteeism in such contexts in UK. In USA, it is estimated that 29% of healthcare workers have childcare duties (Bayham & Fenichel, 2020).

Many other studies indicated that social distancing measures implemented during the COVID-19 pandemic outbreak reduced the community transmission by 44%. Effectiveness of school social-distancing measures reported that school closing uniformly initiated across mainland China in late January 2020 as part of broader series of control quarantine and social distancing measures during COVID-19 pandemic outbreak. These effective strategies though posed challenges but yet reduced a pandemic further severity which could be ten-folds worse if not for the timely closing

of schools (Tian et al., 2020). In Hong Kong, COVID-19 related stringent social distancing measures began with 4-week school closing across the city on February 1, 2020, after the first identified case in Hong Kong. These measures reduced the controlling of the spread of the outbreak spread (Rana et al., 2021; Lai, 2020).

These finds pose a dilemma for policy makers, decision makers, and the states' measures to protect population while catering to their needs. School closing presents a dramatically immediate pertinent method to curb the spread of disease, however, besides this compelling measure states should be aware of the equivocal consequences when proposing or implementing school closing on the economic and wellbeing of children and their families. It is vague how long the impact of long-term school closing on educational outcomes (Education being the strongest predictor of health), economic bearing, and mental health of young people will endure before the behavioral fatigue in the population occurs.

### **Emotional-behavioral outcomes during and post-COVID-19**

States and regions are ensuring unprecedented policies to respond to the novel public health threat of coronavirus (COVID-19) pandemic outbreak. For the necessary implementation of preventive and controlling measures towards the pandemic like social-distancing, self-isolation and quarantine, closed schools and academic institutions and (in few countries) shifted classes to home-based distance learning are some of the unprecedented modifications. Numerous countries have just begun to implement home-based distance learning modules even though school closing began in several countries in the duration of Jan-March 2020. School closing considerably distressed the students and may have effects on children's wellbeing (Mukhtar, 2020). Psychological impact of this on children could be demonstrated through certain emotions and behavioral reactions such as clingy-ness, inattentiveness, petulance, monotony, frustration, irritation, fear of infection, missing school and additional stressors which could be heightened with the misinformation and disinformation on social media platforms, family's economic cost, limited social contact, and behavioral change and lifestyle adjustment. Mental healthcare of children and adolescents are substantially affected and since most mental health problems perpetuate in childhood and thus addressing and managing mental health needs of children during this crisis is a paramount issue (CDC, 2020; Mukhtar & Mahmood, 2019). Children are not indifferent to the dramatic impact of COVID-19 pandemic outbreak. They are attuned with their surroundings, and they introspect and observe every slight change in their environment. Children experience un-adjustment, physical and social isolation, and fear and uncertainty of asking questions about the pandemic outbreak. Children's mental health concerns could be better addressed through understanding their emotions and behavioral reactions (Mukhtar, 2021).

COVID-19 pandemic may exacerbate the existing mental health problems in children and adolescents because of the newly developed exclusive alliance of COVID-19 public health crisis, social isolation, and quarantine. States and academic institutes should ensure uninterrupted education and academic development. Unfortunately, schools overlooked the most important and vital role of school counselling psychologists in the delivery of mental health services. The absence of de facto school-based mental health system for children and adolescents for majority of the academic institutions in various low- and middle-income countries illustrate the need and access of necessary mental health care after the quarantine.

Besides the devastating mental health effects, many children, and adolescents of religious and ethnic minorities, of lower income and low family support, and public schools enrolled students exclusively rely on school setting for social support and



access to economical canteen-meal. Every country, region, territory, and state should consider short term and possibly long-term impact on mental health of children and adolescents' mental health and lay comprehensive groundwork to introduce school counselling in all private and public schools. COVID-19 will have major short-term and long-term repercussions for children and adolescents' health and welfare. Timely mental healthcare services can help moderate the devastating effects and improve wellbeing (Rana, et al., 2020). Children are not apathetic to this global pandemic. Children experience fear, uncertainty, un-adjustment, physical and social isolation, and un-surety of the events. Children's mental health concerns could be better addressed through understanding their emotions and behavioral reactions. A preliminary study (Jiao et al., 2020) conducted in China showed that the most common emotional-behavioral problems among young people from age 3 to 18 were clinginess, inattentiveness, irritability, and apprehensions in communicating about COVID-19 with adults. The feelings of fear about the disease and the health of relatives, anxiety, disturbed sleep and appetite, psychological distress and discomfort, irritability, trouble concentration, clinging and separation issues, and negative emotions could be demonstrated through clinging, inattention, irritability, and visible signs of stress in children.

The empirical knowledge based studies about children's mental health, their responses to trauma, and adversity during the COVID-19 pandemic outbreak has been scarce yet several earlier studies about the challenging impact of epidemic disease quarantine and school closing on emotional-behavioral problems and their wellbeing – psychological distress and emotional-behavioral problems due to negative appraisal in children includes anxiety, depressive symptoms, lethargy, impaired psychosocial functioning, and impact on sleep and appetite are reported manifestations which are highly likely to be demonstrated during the COVID-19 pandemic outbreak as well (Petito et al., 2020; Campanozzi et al., 2009; Rana et al., 2023; Mukhtar et al., 2022; Albenzio et al., 2012).

Young children are not only at risk of exposure and transmission of highly virulent pandemic COVID-19 but also of immediate and long-term effects on growth, optimal health, and development (Plourde et al., 2017; Park et al., 2020). Since duration of this outbreak is unclear and children are more vulnerable to primary and secondary effects of this pandemic so to address their perceived marginalization would require early identification of needs and risks, screening, assessment, intervention, management, focus on social and emotional development, parental support, health and behavioral change, and mitigating unhealthy behaviors (Mukhtar & Mahmood, 2018; Mukhtar, 2019).

### **Maintaining wellbeing – When you can't go outside, go inside**

It would not be startling to find that adults and children experience the impact on their sense of wellbeing: lack of social support, traumatic even, stressful cognitive patterns, poor coping styles, illness, personal stressor could effortlessly compromise the wellbeing (Roddick, 2016; Newland, 2015). Cultivating, nurturing and maintaining social, physical, emotional, and spiritual wellbeing during and post COVID-19 pandemic outbreak will ensure the healthy intact wellbeing dimensions: a) social and physical wellbeing (co-engagement) – physical activity as essential part of children's social and physical development; practicing mindfulness by exploring and appraising nature from the rooftop or the window; family spending time and bonding together; socializing with children through games, art and craft, listening music or educational content; spurring conversation by co-viewing programs as a part of learning; positive interaction among family members are optimal features of social

wellbeing, b) emotional wellbeing (trust) – caregivers as essential part of children’s emotional wellbeing; encouraging and reassuring children about the prevention and positive future; inspiring internal frame of reference and the control-over-situation ideology by applying physical hygiene; address and manage the signs of distress like exhibiting stress, anxiety, worry, nightmares, poor eating habits, unhealthy problem solving and coping skills; and reducing children’s exposure to COVID-19 mainstream and social media coverage to relax and reassure their sense of wellbeing; spiritual wellbeing faith as essential part of children’s spiritual wellbeing; individuals struggled with being physically separated from their faith-based communities which creates a sense of harmony and collectiveness; connecting with each other through mobile devices especially during the holy seasons; and educating children about the spiritual aspects of life.

Families and schools should focus on children’s physical and mental growth, optimal health and development by communicating and cultivating the sense of empathy, productivity, healthy coping, positivity, and resilience in the face of trauma. Parents and family members could communicate to the children to address their apprehensions and concerns, indulge in brain games to improve cognitive functioning, foster friendship, alleviate boredom and loneliness, practice physical sports activities, improve self-sufficiency and self-discipline skills, and use music, art and movement therapies to reduce worry, stress and fear in children. Through these collaborative actions, both parents and children will get through this challenging time, and children will learn new coping and adjustment strategies in their lives. Parents and families themselves should focus on their own mental health, physical hygiene, meditation, mindfulness, and positive psychological outlook for more productive and positive perspective of life.

### **Intervention Strategies**

Mental healthcare of children and adolescents are substantially affected and since most mental health problems perpetuate in childhood and thus addressing and managing mental health needs of children during this crisis is a paramount issue (CDC, 2020; Mukhtar et al., 2022). Children are not indifferent to the dramatic impact of COVID-19 pandemic outbreak; children are attuned with their surroundings, and they introspect and observe every slight change in their environment. Children experience un-adjustment, physical and social isolation, and fear and uncertainty of asking questions about the pandemic outbreak. This paper presented a model (figure 1) to understand children’s mental health concerns which could be better addressed through understanding their emotions and behavioral reactions under multiple and diverse circumstances. Unaddressed and unidentified mental health problems during childhood and adolescence can lead to negative psychological health issues and impaired social functioning. Schools offer more than academic education; extracurricular and co-curricular activities are major part of children’s academic development.

Governments and healthcare organizations should implement a series of strategies to prevent potential mental health and emotional-behavioral problems in children who are quarantined at home and at healthcare facilities during the COVID-19 pandemic outbreak. In children’s isolation wards, nurses’ daily availability, and nutritionists’ professional guide to children’s diets according to their medical conditions, psychologists’ counselling to address fear and psychological distress and discomfort, and caregivers’ communication through e-service and mobile devices, and social-service organizations’ insurance to provide an alternative caregiver in the case of unavailability, death, infection of family members are some of the ways to manage

mental health and emotional-behavioral issues in children. Guidelines and manuals officially issued by the state listing specific intervention strategies for children during and post COVID-19 pandemic outbreak and commencement of zero-cost psychological counselling hotlines for children and their caregivers will increase children's understanding of disease prevention information, develop communication with family, establish activity schedule outside schools, provide educational tools in the case of closed schools, and strengthen early identification and management of emotional-behavioral problems in children by discerning their behaviors during COVID-19 pandemic outbreak.

School closures were implemented rapidly as part of broader NPIs. While such measures can reduce transmission, they introduced psychosocial costs for children, including routine disruption, isolation, and elevated distress. Our synthesis consolidates consistent manifestations (e.g., irritability, inattention, anxiety) and contextual amplifiers (misinformation, financial strain, reduced social contact), highlighting the need for coordinated school-family-community responses.

The proposed framework operationalizes this evidence by specifying stakeholder actions to mitigate emotional-behavioral difficulties during closures and throughout recovery. Especially, gaps in reporting like the lack of standardized outcome measures and limited subgroup detail restrict the precision of current findings and highlight important priorities for future research.

### **Conclusion**

This study aimed to examine the multifaceted impact of school closures on children's mental health and psychosocial wellbeing during and after the COVID-19 pandemic. Through an in-depth review of the existing literature, the paper synthesized outcome on the challenges children faced during periods of quarantine and educational disruption. The findings provide a holistic understanding of the complex factors shaping children's emotional, behavioral, and psychological responses throughout this period. Additionally, the development of a comprehensive framework to support children's wellbeing represents a significant contribution, identifying key challenges and outlining practical intervention strategies that may help buffer against adverse outcomes.

### **Recommendations**

It is recommended that the proposed framework be implemented in collaboration with key stakeholders including policymakers, educators, mental health professionals, and community organizations to ensure coordinated and effective support for children's wellbeing. Recommendations for parents, school administration, mental health practitioners, social workers, and other support systems include fostering a thriving environment that encourages holistic meeting of psychological needs of children. This involves prioritizing mental health education, integrating tailor-made intervention techniques, and establishing effective communication channels among all parties involved. Policy developers and decision makers should develop policies to facilitate mental healthcare workers by offering formal advanced trainings to strengthen their understanding and ability to assist children in post-COVID-19 era for supporting early identification of children's mental health problems, discerning children's normal and different behaviors, recognizing emotional-behavioral issues, and provide standardized management of early screening and psychotherapeutic assessment for emotional-behavioral problems in children. Collaborative mental health practitioners (psychiatrists, counselling and school psychologists, psychotherapists, social workers, researchers, scientists, and healthcare organizations) should establish and implement evidence-based interventions and strategies for children's coping, resilience and problem-solving skills in the context of

emotional-behavioral manifestations of psychological problems in children during and post COVID-19 pandemic era. And finally, ongoing research is crucial in evolving challenges and refining intervention strategies depending on the ever-changing context. By collectively ensuring robust mental health and fortifying the commitment to protect one of the most vulnerable segments of population, children, can only be resilient foundation of their well-being be ensured.

For parents/caregivers (addresses RQ1–RQ2 outcomes and drivers)

- i. Maintain predictable daily routines (sleep, learning, playing, physical activity) to buffer stress and support attention.
- ii. Monitor and gently address signs of distress (clinginess, irritability, inattention) and reduce exposure to distressing media/misinformation.
- iii. Use co-engagement (games, arts, shared viewing/learning) to sustain social and emotional connection.

For schools (addresses RQ1–RQ3 patterns; framework implementation)

- i. Integrate school-based mental-health support (e.g., counseling access; peer support etc) alongside academic assistance.
- ii. Provide clear communication with families about routines, expectations, and available psychosocial support.
- iii. Include routine-building and self-regulation activities during distance or hybrid learning to ensure regulation and attention of students.

For mental health and social-care practitioners (framework roles)

- i. Offer accessible psychoeducation for families on common emotional-behavioral reactions and practical coping strategies.
- ii. Coordinate with schools to identify at-risk children and streamline referral pathways.
- iii. Develop short and scalable support framework that can be delivered remotely during distance/hybrid learning and maintained post-reopening of schools.

For policymakers (framework and evidence gaps)

- i. Invest in school-based mental-health infrastructure across both public and private education systems to ensure equitable access to support.
- ii. Establish clear guidelines and early-identification protocols and expand access to no-cost counseling hotlines for children and caregivers.
- iii. Encourage standardized reporting of child mental-health outcomes in emergencies to improve evidence quality.

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