

## Psychosocial challenges and support for learners during crises: A literature review

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### Abstract

*This literature review paper investigates the psychosocial challenges experienced by learners during the COVID-19 pandemic and evaluates the psychological support measures implemented in schools. Drawing on desk-based analysis of peer-reviewed empirical studies, literature, and policy reports published between 2019 and December 2025, the study synthesises evidence from approximately 30 sources across diverse geographical and educational settings. Data extraction followed a structured framework, identifying themes related to: (a) increased incidences of sexual abuse and maltreatment, (b) mental health and psychosocial well-being impacts, and (c) implemented psychosocial support interventions. Thematic content analysis revealed widespread rises in anxiety, depression, school dropouts, and domestic violence in learners, coupled with uneven access to support services. Only a minority of countries deployed proactive psychological counselling, anxiety-management programs, or contingency planning on a large scale. The results indicate that pandemic-related school closures had a significant impact on children. However, these findings must be interpreted with caution, as learners' mental status might be influenced by other factors and this prevents definitive causal conclusions. From these findings, the paper proposes a multidimensional crisis-response model that integrates decentralized contingency planning; universal screening for psychosocial risk; school-based counselling teams; family-community partnerships; and curriculum-embedded resilience training. The model aims to inform policymakers and educators when designing robust support systems for school-aged children in future emergencies. The study concludes with recommendations that governments institutionalise crisis preparedness in education sectors and prioritise mental-health infrastructure to mitigate future disruption.*

**Keywords:** *children, adolescents, psychosocial concerns, learner support, crisis support, mental health, student well-being*

### Introduction

On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic. The first COVID-19 case in Namibia occurred then. Namibia, like other nations, declared a State of Emergency in March 2020 due to the mounting COVID-19 infections. Emergency closures occurred in schools (Ministry of Education, Arts and Culture, 2020). Schools had to adopt online learning. Even where home-schooling helped, many vulnerable children's situations worsened. The Namibian Ministry of Education reported that many learners became pregnant during lockdowns (Ministry of Education, Arts and Culture, 2020). Pandemics can cause anxiety, tension, and depression (Kim et al., 2020; Reimers et al., 2020; Olingo, 2020). Kim et al. (2020) employed a qualitative study to examine how COVID-19 affects education in England and found new psychological and welfare difficulties. Their analysis found school closures strained and

made all stakeholders anxious. Olingo (2020) concluded that school closures in Kenya had created physical and psychological health issues, isolation, and economic vulnerability. Reimers et al. (2020) indicated that the epidemic raised learners' emotional needs. Reimers et al. addressed psychological and social well-being in learning and achievement. Along with the epidemiological risk, COVID-19 enhanced other hazards to children and adolescents, including lockdown-related mental health issues, domestic violence and addiction and exploitation (Cowie & Myers, 2021).

Pandemics raise worry, tension, and depression (Kim et al., 2020; Reimers et al., 2020; Olingo, 2020). Kim et al. (2020) examined COVID-19's impact on English instruction qualitatively. They found increased psychological distress and welfare issues among learners. School closures increased stress and anxiety for all stakeholders. Olingo's

(2020) study in Kenya found that school closures caused physical and mental health issues, social isolation, and economic vulnerability. Reimers et al. (2020) observed that the epidemic strained learners emotionally. They stressed the importance of psychological and social well-being in academic success. Apart from epidemiological dangers, COVID-19 enhanced additional threats to children and adolescents, including poor mental health, domestic violence, addiction, and exploitation, which are linked to lockdowns (Cowie & Myers, 2021). Namibian learners, especially vulnerable ones who depend on school counsellors and teachers for mental health and psychological support, faced additional obstacles. School closures increased psychological concerns; thus, schools should establish protocols to support learners.

This theoretical study investigated the central questions: "What psychosocial challenges did learners encounter and what support was provided during the COVID-19 pandemic?" This study outlines specific recommendations for helping students manage stress and access appropriate psychological support during school closures, ensuring that interventions are tailored to their emotional well-being.

### **Study background**

COVID-19 changed daily life, as is well known. Mazrekaj and De Witte (2024) argue that the COVID-19 pandemic has interrupted children's education on a scale and at a speed never experienced globally. Many nations took viral prevention measures. Several countries used lockdowns to contain the infection (Okumu et al., 2021; Rider et al., 2021). In March 2020, Namibia's government-imposed lockdowns until mid-2021. To prevent illness spread and preserve social distance, schools were often closed (Sheikh et al., 2020; Viner et al., 2020). After these measures changed social contacts, many felt lonely and isolated (Smith & Lim, 2020). The outbreak and containment efforts harmed everyone's mental health, especially children. Keeping children and teens at home disturbs their schooling, physical activity, and social contacts, causing uncertainty, tension, and anxiety (Dalton et al., 2020; Jiao et al., 2020; Okumu et al., 2021). Singh et al. (2020) found that extended school interruptions could induce regular disturbances, boredom, and a lack of innovative academic and extracurricular

activities. According to O'Sullivan et al. (2021), many learners were upset about cancelled events and missed routines and direction.

Learners lost access to school services due to coronavirus control measures. In Namibia, for example, school closures hindered learners from receiving psychosocial assistance in class or through school linkages. Namibian schools' free meals for underprivileged learners ended with school closures. Families in wealthy countries, such as England, who are qualified for free school meals could receive food vouchers during school closures (Kim et al., 2020). School closures were also reported to have caused a rise in children's sexual assault risk (Cerna et al., 2020; Sserwanja et al., 2021; Owusu-Addo et al., 2022; Molek & Bellissi, 2022). During Namibia's first lockdown from March to July 2020, 4,000 girls fell pregnant, according to the Ministry of Education, Arts and Culture (2020).

Pregnant learners lost mental health services while schools closed. Ndeyanale (2021) reported that many pregnant learners did not return to school after school closures due to mental health issues. Clear rules were needed to satisfy learners' psychosocial and mental health requirements during school closures. Specific methods must address student psychosocial needs. Extended lockdowns removed learners from regular teacher and peer interactions, resulting in widespread loneliness and emotional distress. Moreover, prolonged isolation was found to predict greater risk for anxiety and depression in the future (Hall et al., 2022). Global surveys, including Lehmann et al. (2021), documented alarming increases in mental health challenges among adolescents during school closures. As mentioned, many learners need school support. The unexpected outbreak and lack of preparation in most nations underscored this necessity. Namibia, like many other nations, was unprepared to deliver services at a distance to the learners after schools closed. Few schools addressed learners' socio-emotional needs by going online. Due to increased home obligations, mental health inequities, and limited access to sexual and reproductive health care, girls were especially vulnerable to gender-based violence, including sexual assault, during school closures (Cerna et al., 2020).

This review analysed student psychosocial difficulties associated to COVID-19. First, the

study discussed COVID-19 psychological issues for learners. Then, it looked at the learner psychosocial support during COVID-19 and finally proposed a comprehensive psychosocial support plan for adolescent parents during and after COVID-19. When discussing those key areas, similar situations in other countries were considered. The answers provided by theoretical analysis are not always definitive; however, they might provide some insight into future studies.

### **Methodology**

This desk review paper examined the psychosocial challenges and support mechanisms for learners or school going children, drawing on the methodological guidelines outlined by Creswell and Plano-Clark (2018). The review focused on how Namibia and other countries such as Ghana, Kenya, Nigeria, South Africa, Uganda, and Malawi addressed learners' mental health challenges during the COVID-19 pandemic. Policies from ministries of education, reports from non-governmental organizations (NGOs), and peer-reviewed studies published in the past seven years were analysed. Literature searches conducted through databases including Google Scholar, ERIC, SpringerLink, Wiley Online Library, Internet Archive, and ProQuest initially yielded 30 relevant studies. However, only 17 peer-reviewed articles published between 2019 and 2025 met the inclusion criteria. A thematic content analysis was employed to identify and categorize literature related to mental health, psychosocial support, vulnerable learners, children, adolescents, and COVID-19. Data analysis involved systematic coding, categorisation, and pattern identification. Thematic content analysis was selected for its strength in synthesizing qualitative findings and uncovering recurring patterns across diverse studies, enabling a deeper understanding of psychosocial issues and interventions.

### **Literature review**

#### ***COVID-19 psychological issues for learners***

Learners faced several emotional and physical health issues during the COVID-19 pandemic. School closures increased sexual abuse, violence, neglect, exploitation, unplanned and early pregnancies, and dropout. During COVID-19, prolonged school closures removed critical protective structures for children, most notably routine supervision,

peer engagement, and access to sexual and reproductive health services. In low- and middle-income countries such as Kenya, South Africa, Uganda, Malawi, and Nigeria, multiple studies and scoping reviews report sharp increases in early and unintended pregnancies among adolescent girls during lockdowns. For example, a cohort study in western Kenya found that girls whose schooling was disrupted were twice as likely to become pregnant, more as three times more likely to change schools, and three times as likely to drop out before exams all linked to increased sexual activity and the dissolution of school safety nets. A mixed-methods study of 853 adolescent girls in Ghana reported a prevalence of child sexual abuse (CSA) of 32.5% during COVID-19 lockdowns and school closures, due to increased unsupervised time and economic instability (Togo et al., 2025). In multiple African countries, such as Democratic Republic of Congo, Nigeria, Senegal, Uganda, key informants noted rises in transactional sex, sexual violence, teenage pregnancy, and dropouts during school closures. The absence of school as a protective environment intensified these risks (Ndejjo et al., 2023). Another study conducted in South Africa particularly in KwaZulu-Natal, respondents reported increased rape, physical and sexual abuse, teenage pregnancy, and school dropouts during lockdowns as parental supervision weakened and economic strains deepened (Chimbindi et al., 2022).

Furthermore, in 2021, Women published the report *Impact of COVID-19 on Gender Equality and Women's Empowerment in East and Southern Africa*, released on March 10, 2021. The report shows that school closures and rising poverty during the COVID-19 pandemic contributed to significant increases in domestic abuse, sexual exploitation, early and forced marriages, and female genital mutilation (FGM). These trends disproportionately affected girls and women across the region. Disruptions to education exposed girls to heightened vulnerabilities, including child marriage and sexual abuse, while economic hardship drove some families toward negative coping mechanisms such as early marriage or exploitation. Additionally, the study highlighted a sharp rise in gender-based violence, with examples including a 775% increase in calls to Kenya's gender-based violence hotline during the pandemic and similar spikes were reported in South

Sudan, Zimbabwe, Malawi, and Mozambique. Moreover, anecdotes show an increase in child marriages, other detrimental behaviours against girls, teen pregnancies, and gender-based violence (UNICEF, 2020). From March to September 2020, Namibia recorded 2,083 gender-based violence instances, up from 1,683 in 2019 (UNICEF, 2020). When school reopened, several schoolgirls were pregnant and did not return (Ndeyanale, 2021).

Other African countries have documented increased child abuse and unwanted pregnancies during the COVID-19 pandemic (Women, 2021; Fund, 2020; Rafaeli & Hutchinson, 2020). In Ghana, teenage pregnancies soared nine-fold in the first three months of the pandemic (UNESCO, 2020). In 2020, the Ghana Health Service (GHS) reported around 13 teenage pregnancies per day, mainly during COVID-19. 65.2% of Ghanaian learners attended school when schools reopened in January 2021, due to lack of interest, COVID-19 anxiety, or financial issues (UNICEF, 2020). Owusu-Addo et al. (2022) revealed that COVID-19 enhanced adolescent girls' sexual abuse vulnerability from 14.2% to 25.9% in Ghana. The early 2020 COVID-19 lockdown in Uganda increased teenage pregnancies by 28%, according to Makerere University School of Public Health (Molek & Bellissi, 2022). Between March and October 2020, more pregnant women in DRC sought prenatal consultations. Eastern DRC teens requested family planning services 74% more (UNICEF, 2020). The UN policy brief on COVID-19 indicates that social and physical isolation and the prospect of income and livelihood loss had generated widespread psychological suffering. However, social isolation and disturbed education hurt children and adolescents most. Pandemics and catastrophes pose many obstacles for children and adolescents, but effective solutions can reduce their risks.

### ***Learner psychosocial support during COVID-19***

Despite rising violence, sexual assault, and pregnancy rates, the pandemic interrupted medical care, psychological support, sexual and reproductive health services, and shelter (Johnson et al., 2020; Cousins, 2020). During COVID-19, many nations closed Sexual Gender-Based Violence (SGBV) treatment clinics and sexual and reproductive health centres for teenage girls because they were not

essential, Cousins (2020) noted. COVID-19-related condom and contraceptive service interruptions in Kenya increased the risk of pregnancy, sickness, and STDs such as chlamydia and HIV (Okeke et al., 2022). Akorede et al. (2021) revealed that 83% of UK teenagers surveyed by Young Minds (2020) said the epidemic worsened their mental health. According to Akorede et al. (2021), 26% of respondents reported that peer support groups and face-to-face programs had been stopped, making phone and internet support difficult for some youth.

However, during COVID-19 school closures, innovative initiatives were taken to improve learners' health. This included addressing how health and psychological issues affect schooling and connecting schools and families with counselling, sexual and reproductive health services. Bhatia et al. (2020) suggested that schools provide mental, psychological, sexual, and reproductive health services to learners during lockdowns by: (i) setting up a dedicated phone line for learners to call the clinic at any time for social and reproductive health inquiries, (ii) using Google Voice to connect learners with clinic staff, and (iii) uploading educational videos to social media and using a proxy system. Like many underdeveloped nations, Namibia had few mental health and psychosocial support programs for learners. After the 2020 school closures, the Ministry of Education, Arts and Culture (MoEAC) issued Circular 1 of 2020 requiring schools to establish COVID-19 pandemic plans. This circular stressed the significance of holistic mental, emotional, and social health care, counselling, and support for learners. It urged schools and regional education officials to develop stress-reduction, psychological support, and mental health coping programs. This policy was good but lacked clear direction on how schools should handle learners' psychosocial difficulties, making it hard to execute. Governments should prioritize mental health care for vulnerable learners during pandemics by setting clear rules.

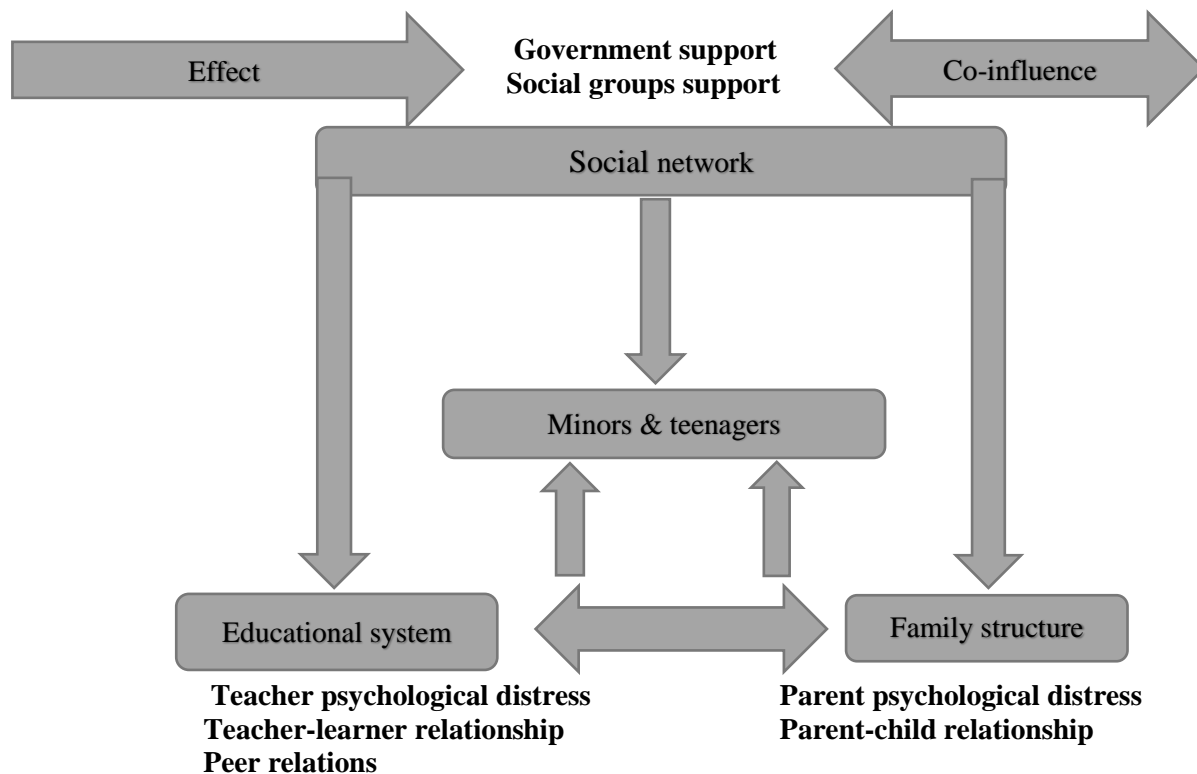
### ***A comprehensive psychosocial support plan for learners during and after COVID-19***

Psychosocial help for learners during and after school closures was scarce. No interventions were implemented to address the substantial public health concerns facing children and adolescents in China, the coronavirus's origin

(Cui et al., 2020). Panchal et al. (2023) recommend public health initiatives to help children and adolescents cope with the COVID-19 lockdown. According to Cui et al. (2020) and Favara et al. (2022), governments must prioritize mental health support, build a delivery network, train psychologists and psychiatrists, and strengthen school and community centre services to promote public mental health. Namibia and other countries may benefit from a national service network. Government, public health, hospitals, schools, community centres, and private households should be represented in this network. Teacher counsellors and Life Skills teachers should contact girls at risk of domestic violence and sexual exploitation during school closures. School-parent partnerships should protect girls from domestic abuse. Significantly, Owusu-Addo et al. (2022) recommend investing in sexual and reproductive education and health institutions in Sub-Saharan Africa (SSA) to reduce inequities, meet teenage girls' reproductive health requirements, and

empower them for long-term health, well-being, and success.

The diagram below represents a comprehensive psychosocial support plan that the Ministry of Education, Innovation, Youth, Sports, Arts and Culture (MEIYSAC) can implement during and beyond COVID-19 to safeguard learners' well-being. As highlighted in earlier discussions, school closures during crises disrupt counselling services, increase vulnerability to abuse, neglect, unintended pregnancies, and heighten mental health challenges such as anxiety and depression. This plan offers a coordinated framework for preventive and intervention measures, ensuring that learners receive consistent psychological care, life skills support, and resilience-building initiatives. By embedding such a system, MEIYSAC can address both the immediate psychosocial needs during crises and the long-term recovery and reintegration of learners, thereby strengthening educational continuity and overall learner well-being.



**Figure 1: Cooperation Model of Child and Adolescent Psychological Services**  
 Source: (From Xiao Zhou, 2020)

**Discussions**

The literature review highlighted that schools closing, economic hardship, and social isolation have produced a perfect storm for vulnerability, increasing harmful behaviours and experiences. School closures reduced

safety nets and supervision, making learners more exposed to sexual abuse, violence, neglect, and exploitation. Due to poor information and sexual and reproductive health services, the epidemic has increased unplanned

pregnancies and child marriages, especially among adolescent girls. Learners from impoverished or socially excluded backgrounds are especially sensitive to pandemic effects because of insufficient resources and assistance. The content analysis of the reviewed literature indicates that the pandemic has caused anxiety, melancholy, and loneliness in learners (Togo et al., 2025; Ndejjo et al., 2023; Mazrekaj & De Witte, 2024). COVID-19 has harmed learners' mental health, especially in underdeveloped nations. Sexual abuse, violence, neglect, exploitation, unexpected pregnancies, and school dropout have increased due to school closures, economic difficulty, and social isolation. For example, a multi-country survey across sub-Saharan Africa showed that 17% of adolescents were not receiving any education, and many others had reduced in-person learning. Those still impacted by the pandemic had higher indicators of psychological distress, anxiety, and depression.

A literature review also highlighted increased sexual violence risk during lockdowns in Kenya and Uganda. In Uganda, sexual violence constituted about 20% of all reported child abuse cases during the pandemic (Morrow et al., 2023). Further, UNESCO and related bodies estimated nearly 90% of the world's learners were impacted by school closures, with gender disparities hitting girls in low-income settings the hardest, driving them into child labour, early marriage, or exploitation (O'Hagan, 2021). The epidemic has increased domestic violence, sexual exploitation, early marriages, and female genital mutilation (FGM). School closures have increased child marriages and undesired pregnancies, especially among women. School closures during the COVID-19 pandemic significantly disrupted both educational and health service channels for adolescents, especially girls, in Eastern and Southern Africa. Schools had been a lifeline for counselling, sexual reproductive health (SRH) services, structured learning, and psychosocial support. Their closure eroded these protective mechanisms, intensified existing inequalities, and elevated risks of early pregnancy, dropout, and gender-based violence (Chinyama et al., 2022; Hall et al., 2022). Furthermore, studies in Malawi, Zambia, and Zimbabwe found that repurposed youth health services and reduced contraceptive access coincided with increased adolescent pregnancies and school dropouts

(Mwansa et al., 2024). UNESCO estimated that at the peak of the pandemic, 1.6 billion learners were affected globally, with school closures exacerbating gender gaps in education and reducing access to psychosocial support (O'Hagan, 2021). The outbreak generated anxiety, sadness, and isolation in learners. Poor learners are more susceptible to pandemics due to lack of resources.

This study emphasizes the need of caring for learners' mental health during and after crises. This paper underscores the critical importance of prioritising learners' mental health both during and after crises. Disruptive events such as the COVID-19 pandemic expose children and adolescents to heightened stress, anxiety, grief, and trauma due to prolonged school closures, social isolation, and economic hardships within their households. Without structured psychosocial support, these mental health challenges can have long-term consequences on students' academic performance, social relationships, and overall well-being. Therefore, it is essential for educational institutions and policymakers to implement comprehensive mental health strategies that include early identification of psychosocial issues, school-based counselling, and collaboration with mental health professionals. Building resilience among learners should be a central goal, with interventions such as peer-support programs, life skills education, and safe learning environments. The MEIYSAC and schools should also ensure that mental health services are sustained and accessible beyond the crisis period to prevent long-term psychological harm and reduce dropout risks. Schools provide education and a safe and supportive environment, as this pandemic has proved the need.

### **Conclusion**

COVID-19 produced major mental health difficulties in learners. Schools closure made it challenging for educational institutions to serve vulnerable learners, whose education and well-being are typically severely damaged. Psychosocial support was insufficient to continue teaching and learning during the pandemic. During school closures, schools, communities, parents, line ministries, and NGOs must work together to support vulnerable learners' psychosocial. As discussed earlier, COVID-19 school closures not only disrupted education but also increased

learners' exposure to violence, sexual abuse, exploitation, and unintended pregnancies, factors that exacerbate psychological distress, especially in underdeveloped nations. The loss of structured school environments removed critical protective systems, including counselling and peer support, leaving many learners vulnerable to anxiety, depression, and trauma. Therefore, a coordinated and innovative psychological care delivery system is therefore essential to address these challenges. Such a system should integrate preventive measures (e.g., mental health awareness campaigns, peer mentoring, and life skills education) with targeted interventions like school-based counselling, community mental health programs, and access to psychosocial support services. These interventions should be designed to function both during crises when school closures disrupt traditional support and afterward, to help learners recover from trauma and reintegrate successfully into learning environments. Aligning mental health support with educational recovery plans will not only reduce dropout risks but also improve resilience and holistic well-being among learners.

### **Recommendations**

#### ***Enhance psychosocial support***

Psychosocial support should be part of school curriculum and operations. Teachers, counsellors, and staff need mental health awareness and response training. All schools need crisis response and vulnerable learner care. Implement a National Service Network comprising government, public health, schools, community centres, and private households to provide psychosocial support.

#### ***Improve coordination, collaboration***

Based on the analysis, effective collaboration among schools, communities, parents, government agencies, and NGOs is essential to support learners' overall well-being. In Namibia, schools should actively engage in dialogue with all key stakeholders to mobilise resources, coordinate interventions, and ensure a holistic approach to learner psychosocial support and overall welfare.

#### ***Fund innovation***

Schools should use technology for remote counselling and crisis mental health. Mentorship and peer support, increase resilience and emotional well-being. Fund

sexual and reproductive health education and institutions to help teen females avoid pregnancy. Policymakers should prioritise the formulation of comprehensive emergency public health frameworks that specifically target the mental health and psychosocial well-being of learners and adolescents during and after crises.

#### ***Empower Life Skills teachers/counsellors***

The Ministry of Education, Arts and Culture should train Life skills teachers/counsellors on mental health and crisis response. In line with the need for holistic learner support during and beyond crises, the MEIYSAC provides learning aids to ensure educational continuity and reduce the negative impacts of school closures. These resources, when combined with psychosocial support plans and collaboration among schools, parents, communities, government, and NGOs, can enhance learners' academic progress and overall well-being. The MEIYSAC provides learning aids. Counsellors and Life Skills teachers should identify and help girls at risk of domestic violence and sexual exploitation. It is strongly recommended that schools implement referral systems to mental health providers and actively cultivate a compassionate, inclusive atmosphere that promotes coping skills, emotional well-being, and resilience among learners during and beyond school closures.

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