

# Impact of Anxiety and Depression on Student's Efficiency and Academic Performance

Pooja Shrivastava<sup>1\*</sup>, Dr. Kalpana Sengar<sup>2</sup>

<sup>1</sup> Research Scholar, Apex School of Education, Apex University, Jaipur (Rajasthan)-303002

<sup>2</sup> Supervisor, Apex School of Education, Apex University, Jaipur (Rajasthan)-303002

**Abstract - Students' anxiety and despair are becoming a serious issue in the classroom. Youth depression and anxiety are on the rise every year. According to the Anxiety and Depression Association of America, 1 in 8 youngsters experience anxiety (ADAA). Despite the availability of effective medications, only 20% of children with depression and 80% of children with anxiety disorders actually get therapy. School may be more of a source of anguish than of learning and joy for the many children and adolescents who suffer from untreated anxiety or depression. Untreated anxiety and depression in students puts them at risk for a variety of social and behavioral issues as well as academic failure, a lack of interest in personal cleanliness and health, and a general lack of confidence.**

**Keywords - Anxiety, Depression, Academic Performance, Stress, Mental Health**

-----X-----

## INTRODUCTION

Serious mental health issue, characterized by a lack of pleasure in formerly pleasurable activities and an ongoing sense of despair. Problems with emotion, function, and physical health might result from its effects on the minds and bodies of high school kids. It can be difficult for teachers to identify anxiety and depression because these disorders often show up differently for different people, but this is why knowing the combinations of behaviors to look for this key. When anxiety and depression aren't addressed the symptoms can worsen, creating a vicious cycle that many students are finding themselves in. Stresses related to children's social life at school include worries about not having enough friends, not being in the same class as friends, not being able to keep up with friends in one specific area, interpersonal confrontations, and peer pressure. Comparatively, students with anxiety often endure excruciating discomfort in the form of difficulty breathing, nausea, vomiting, migraines, muscular pain, and exhaustion. Due to the severity of these symptoms, kids may be unable to attend school, and some children may avoid attending school altogether out of dread of the instructors. Having a healthy emotional life is crucial. The Darwinian adaptive idea of stress is based on natural selection, since developed organisms have developed robust responses to stress from both internal and external sources. There may not be enough time to formulate and implement effective answers if pressure is applied suddenly and in great quantity. Usually, stress produces a cognitive or perceptual evaluation (emotional memory) which motivates to make a plan, to take a decision and to

perform an action to face successfully the demand. Between several kinds of stresses, there are psychosocial and emotional stresses with cultural, social and political influences. The cultural changes have modified the way in which individuals socially interact. Young people are less able to deal with academic stress when they are emotionally and physically unhealthy due to a lack of nurturing connections and social connection. In boys and girls alike, adolescence is marked by profound physiological, anatomical, and psychological changes that leave them more susceptible to mental problems. Anxiety and depression symptoms, especially in young adults, may be disruptive to schoolwork.

In terms of mental health, depression is a disease. It's characterized by extreme, persistent melancholy or despondency. Besides influencing one's internal state of mind, depression may alter one's outward actions and general sense of well-being. Students' memory and focus are negatively impacted by depression and anxiety because of poor mood, hopelessness, fatigue, impaired cognitive function, and an inadequate ability to cope. No unambiguous conclusions can be drawn on the relationship between food insecurity, academic achievement, and psychological variables. Suffering, functional impairment, higher risk of suicide, increased health care expenditures, and lost productivity due to depression are all too prevalent. There are effective treatments for depression, whether it occurs on its own or in combination with another medical issue.

### Unpredictable Behavior is Often a Sign of Anxiety or Depression

Anxiety and sadness are challenging because they might make pupils behave in ways their instructors aren't prepared to handle. As an illustration, Mr. Lee tells a tale about Mark, one of his students who is almost always cheerful.

Mr. Lee recalls one day in specific.

Mark loved math and the class was going to participate in a game of math bingo, which he usually was excited about. Mark would always ask if he could pass out the pencils before the game because he liked having the chance to get out of his seat and move around. On this particular day, however, Mark's response to Mr. Lee's request that he distribute the class pencils was unexpectedly different.

Mark sprung from his chair and threw everything on his desk to the floor.

"I detest this school!" he yelled.

as he bolted from the classroom.

Mr. Lee was in disbelief; he couldn't figure out what had gone wrong.

This is a perfect example showing why it is so important for teachers to receive training that will allow them to identify students with anxiety and depression and to be equipped to handle such situations. As with any mental illness, the experience of anxiety and depression is very individual. A pupil may look fine one minute, but then they may have an outburst or a panic attack the next. In order for teachers and staff to deal with these unforeseen situations, they require training.

### What Causes Anxiety and Depression in Students?

Research on mental health problems like anxiety and depression is ongoing, and new discoveries are discovered every year.

Depression affects tens of millions of people worldwide, but it is still unclear if this condition has a hereditary component or is purely psychological and physiological in nature. Researchers and medical professionals are still trying to pin down the exact causes of sadness, although some evidence points to a possible interaction between genetics and upbringing.

On the other hand, anxiety disorders may result from a wide range of causes. If any of these things are happening, it's possible that someone in your life has an anxiety disorder:

- When anxiety or concern about some future occurrence or aspect of life is present

- The anxiety or dread is out of proportion to one's age or the experiences of others.
- The fear/worry leads to avoidance of events
- The fear/worry causes significant distress and/or interferes significantly in daily activities

Since there are different kinds of anxiety, teachers should be trained to understand how to work effectively with each one. Common types of anxiety disorders are separation anxiety disorder, social phobia, generalized anxiety disorder, specific phobia, OCD, panic disorder and PTSD.

### DIET IS IMPORTANT FOR MENTAL HEALTH

Even factors like what you are eating can impact stress, anxiety and depression. It is extremely important for students to eat healthy meals regularly and pay attention to the ingredients in their food. Multiple studies have shown that changes in diet may have a significant impact on one's emotional state.

The body's chemistry may be affected by the foods we eat. Tryptophan, which assists in the manufacture of serotonin and regulates mood, is present in foods including chicken, oil-rich fish, beans, baked potatoes, oats, almonds, and seeds.

Anxiety and sadness may have so many causes that it's practically hard for instructors to see them if they haven't been training in doing so. The longer students go without treatment for anxiety and depression, the greater the risk they face of increasing symptoms, dropping out of school, and doing poorly.

### IMPACT OF ANXIETY AND DEPRESSION ON PERFORMANCE

A person's sleep, food, mental and physical health, self-esteem, social interactions, and academic achievement are all negatively impacted by depression and anxiety. These diseases put at risk the academic success and engagement of these students, who may become disengaged from the educational process as a whole. Symptoms include not caring about schoolwork, having trouble getting along with classmates and professors, and having little desire to pursue interests or make plans for the future. It's possible that conditions like anxiety and depression might impair a person's working memory, making it harder for them to take in new information and recall previously stored knowledge.

Anxiety and sadness have a chilling effect on school performance and promote underachievement. High-anxiety students do poorly on standardized assessments of intelligence and academic success.

### **Inconsistent Academic Results Can be a Sign of Mental Health Issues**

Inconsistent academic performance may also be a consequence of certain conditions. A student, for instance, can excel in all of their assignments one day, then struggle to finish even one the following. Anxiety and sadness often manifest themselves in such erratic behavior. Because of the many symptoms of these diseases, both students and instructors may feel irritated and be at a loss as to how to best handle the issue. Depression and anxiety can make pupils less engaged in their schoolwork.

As a result, they may engage in actions that provide them with cover for avoiding trouble. It is possible for kids to display symptoms of anxiety disorders in a variety of ways. To figure out what's going on with a pupil and how to assist them, teachers need to be well-informed and aware of the warning indicators to look for.

### **Missing Class Can be a Sign of Anxiety**

Refusing to attend school or having a fear of being there is another symptom of these conditions. When a student's worry or despair becomes so overwhelming that they start skipping classes altogether, we say that they are experiencing school avoidance. This may manifest in absenteeism, early departures, and extended stays at home, but it often culminates in the student's decision to stop attending school altogether. The Centre for Emotional Health at Macquarie University states that 49% of adults with anxiety reported leaving school early and 24% claimed that anxiety was the primary reason for them leaving.

Students' anxiety and melancholy have a ripple effect on our economy and society as a whole when they prevent them from achieving their full potential in the classroom.

### **Risks That Can't be Ignored**

Long-term hazards arise for pupils when anxiety and depression are not recognized and treated. A kid with one of these diseases may have trouble with paying attention, interpreting information, concentrating, remembering, interacting with others, and even being physically healthy.

Each of these aspects is crucial to the overall development and accomplishment of each kid in school. An anxious youngster is more prone to worry about things that they perceive to be dangerous, diverting their attention away from more pressing matters like schoolwork. Individuals will also interpret everyday situations as dangerous or threatening and will often assume the worst case scenario. When a person is suffering from anxiety or depression, they devote the vast majority of their cognitive resources to generating and processing anxious thoughts. The student's ability to study may suffer as a result of the

stress they experience, which makes it harder for them to maintain a constructive frame of mind.

Having trouble remembering things is only one way in which these diseases hinder a student's education; they may also have a chilling influence on a person's interactions with others. If a kid is suffering from anxiety or depression, they may avoid social settings and start to see harmless things as dangerous. As a consequence, the student feels more isolated and alone, and their anxiety and depression levels rise.

Untreated anxiety and depression may also manifest physically, with symptoms including headache, tiredness, nausea, and even unexplained disease. Kids with these conditions tend to have elevated amounts of stress hormones like cortisol and a greater resting heart rate. The youngster may lag behind in school because of the absences caused by these health problems.

Feeling like they're always losing out on chances because they're battling undiagnosed depression or anxiety may lead to drug addiction, behavior issues, further mental health problems, and even suicide.

Among young adults in their twenties, suicide is second only to automobile accidents. Didi Hirsch Mental Health Services Crisis Line Manager Heather Morgan states, "We get calls from college kids every day." Relationship problems, LGBTQI queries or concerns, financial and familial problems, and general anxiety are just some of the topics that may come up in calls, messages, and chats.

Anxiety and sadness have a demonstrable and detrimental effect on students' ability to learn and their general well-being. As childhood anxiety problems are strong predictors of adult anxiety disorders, it is critical that they be treated as soon as possible. About eighty-five percent of depressive teenagers also suffered from anxiety as young people. If these issues can be identified early on while the child is in school there is a better chance for treatment and preventative care so that the above consequences can be avoided.

### **Teachers and Schools need to be prepared to tackle issues of Student's Mental Health**

Under the Individuals with Disabilities Education Act (IDEA), parents have the right to request appropriate accommodations related to their child's diagnosis. Teachers and school staff need to be able to respond effectively and know which accommodations to provide for each student.

Mental health training is crucial in schools, especially for teachers, who are interacting with students on a daily basis and have many opportunities to observe behavior and reach out.

Teachers and other staff members may learn to recognize the subtle symptoms of mental health problems like anxiety via specialized training. Some of these symptoms include a rise in rigidity, sensitivity, emotional intensity, impulsivity, inappropriate behavior, or attempts to avoid uncomfortable situations. A student would frequently intentionally leave class (by going to the nurse or being sent to the office) just before a test or exam. Teachers may see the youngster as a troublemaker or slacker when, in truth, he or she is experiencing severe anxiety and is acting out as a means of self-preservation.

Anxiety and depression are called "invisible illnesses" for a reason. Unless instructors have a thorough knowledge of these conditions, it may be quite challenging to spot them in their pupils. In order to ameliorate these situations, training is essential.

Isabel, a California school principal, has said, "Mental health certification is often held by a school's social worker or guidance counselor." However, almost all of a student's daily interactions are with an adult figure like a teacher, bus driver, or coach. First and foremost, we must ensure that our frontline personnel has the necessary training and resources to handle this situation."

School personnel, including teachers, are on the front lines of ensuring that all kids have access to care and can learn in a secure and comfortable setting. Educators and other school personnel can better manage students' anxiety and depression when they have received the training they need to do so. This, in turn, improves students' learning environments and ultimately their academic performance.

### Student Mental Health Training and Certification

Student Mental Health Specialist (SMHS) training and Student Mental Health Certificate (SMHC) certification were developed by the International Board for the Certification of Educational Specialists (IBCCES), whose board of experts includes prominent figures from the world of education as well as researchers from top universities, master teachers, and clinical professionals. Results improved for 81% of the adolescents whose anxiety was alleviated as a consequence of teacher interaction, and for 71% of the students whose depression was alleviated as a result of teacher engagement.

The goal of the School Mental Health Specialist (SMHS) and School Mental Health Counselor (SMHC) programs is to better equip educators to support students with mental health needs in the classroom through the identification and management of trends in student behavior and the knowledge of common mental health disorders and concerns. The unique IBCCES program combines training with certification that can be independently validated, giving schools everything they need to aid students and their families in achieving academic and social success.

### Benefits of the SMHS and SMHC program include:

- Availability of timely, applicable methods
- The state of the art in understanding and treating mental health and anxiety issues
- The ability to remain calm under pressure and provide guidance and resources to pupils
- The potential to enhance student learning and boost academic performance.
- Professional and institutional legitimacy
- Capacity to instill a feeling of safety among students.

### CONCLUSION

One of the strongest indicators of success in school is anxiety. Poor academic performance on tests and homework is common among students who suffer from anxiety disorders. Overanalyzing one's previous mistakes might hinder one's ability to adapt to novel circumstances. A recent research reveals that anxious and depressed individuals might have trouble with data analysis. A student's motivation, focus, reliability, cognitive capacity, and optimism may all be negatively impacted by mental health issues, which in turn can have a negative impact on academic success. Multiple studies have shown a correlation between depression and lower GPAs; when anxiety is present as well, the effect may be amplified. And another study indicates that students who report symptoms of severe mental health problems have about four times the risk of experiencing low academic self-efficacy compared with those who report few and moderate symptoms of mental health problems. These analyses confirmed the positive relationship postulated between subjective well-being and academic achievement. The studies also showed that the mental health of teenagers is crucial for school since it might affect their academic performance either favorably or adversely. Clinically managing anxiety and depression is essential for kids' academic progress. Educators must to recognize that anxiety and sadness are medical conditions. Adolescent patients may find it more challenging to use conventional techniques of study. The emotional strain felt is proportional to one's self-concept in relation to exams and one's resilience under pressure. People with poor perceptions of auto effectiveness tend to experience high levels of worry, and this may have a knock-on effect on their academic achievement. Staff at secondary and tertiary institutions have a responsibility to report pupils who exhibit symptoms of anxiety or depression to their physicians so that they may provide timely care.



It's worth noting that both short-term and long-term exposure to psychosocial stressors are strong indicators of anxiety and mood disorders. Complex solutions to young people's poor academic performance due to anxiety and depression sometimes need the support of family members and the incorporation of health promotion programs into medical treatment and educational settings. Anxiety and depression disorders are now more prevalent in adolescents than at any other point in human history, and both are linked to other psychiatric problems and drug addiction, all of which have detrimental effects on academic performance. The environment also has a significant impact on the development of personality traits and the emergence of mental health disorders. Few research on the impacts of social, natural, constructed, and virtual settings on mental health are available, despite the fact that these contexts all have varied effects on human behavior. Adolescents may be exposed to stress due to factors in the social environment, such as social crises, economic, social mobilization, and public policy. Similarly, the virtual environment, such as using the Internet or any other media, where ideal bodies are broadcasting or offering beautiful bodies, can also be stressors. The fact is that adolescence is a vulnerable period in development because of physical, biochemical and social changes that are experienced during this time in spite of the differences in culture, gender, socioeconomic status and education level that lead to cope with external demands and stress. The aforementioned show the importance of identity anxiety and depressive symptoms in this particular population of students, to improve the mental health and academic performance in high school and university students.

## REFERENCES

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-V. 5th ed. rev. Arlington, VA: American Psychiatric Association; 2013.
2. Bernal-Morales B, Contreras CM. Ansiedad y depresión, el enfoque de las neurociencias. In: Fabre Platas DA, Del Callejo Canal DD, Garret Sánchez, De Lozada A, (ed.). Comunidades Vulnerables. México: Serie Mano Vuelta; 2009, pp. 209-228.
3. Post RM. Transduction of psychosocial stress into the neurobiology of recurrent affective disorder. *American Journal of Psychiatry* 1992; 149:999-1010.
4. Murray CJL, Lopez AD. The Global Burden of Disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020. Cambridge: Harvard University Press; 1996.
5. Shanahan L, Zucker N, Copeland WE, Bondy CL, Egger HL, Costello EJ. Childhood somatic complaints predict generalized anxiety and depressive disorders during young adulthood in a community sample. *Psychological Medicine* 2014; 18:1-10.
6. Babenko O, Kovalchuk I, Metz GA. Stress-induced perinatal and transgenerational epigenetic programming of brain development and mental health. *Neuroscience and Biobehavioural Reviews* 2015; 48:70-91.
7. Klein RG. Anxiety disorders. *Journal of Child Psychology and Psychiatry* 2009; 50(1–2):153-162.
8. Rockhill C, Kodish I, DiBattisto C, Macias M, Varley C, Ryan S. Anxiety disorders in children and adolescents. *Current Problems in Pediatric and Adolescent Health Care* 2010; 40(4):66-99.
9. Chavira D, Stein M, Bailey K, Stein M. Comorbidity of generalized social anxiety disorder and depression in a pediatric primary care sample. *Journal of Affective Disorders* 2004; 80:163-171.
10. Bhatia SK, Bhatia SC. Childhood and adolescent depression. *American Family Physician* 2007; 75:73-80, 83-4.
11. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders: DSM-5. 5th ed. rev. Washington, D.C.: American Psychiatric Association; 2013.
12. Waite P, Creswell C. Children and adolescents referred for treatment of anxiety disorders: differences in clinical characteristics. *Journal of Affective Disorders* 2014; 167:326-332.
13. Craske M. Origin of Phobias and Anxiety Disorders: Why More Women than Men? Oxford, United Kingdom: ELSEVIER; 2003.
14. Black B. Anxiety disorders in children and adolescents. *Current Opinion in Pediatrics* 1995; 7(4):387-391.
15. Bernstein GA, Borchardt CM, Perwien AR. Anxiety disorders in children and adolescents: a review of the past 10 years. *Journal of American Academy of Child and Adolescent Psychiatry* 1996; 35(9):1110-1119.
16. Gillian JC. Are sleep disturbances risk factors for anxiety, depressive and addictive disorders? *Acta Psychiatrica Scandinava Supplementum* 1998; 393:39-43.

17. Gandhi B, Cheek S, Campo JV. Anxiety in the pediatric medical setting. *Child and Adolescents Psychiatric Clinics of North America* 2012; 21(3):643-653.
18. Bender K, Brown SM, Thompson SJ, Ferguson KM, Langenderfer L. Multiple victimizations before and after leaving home associated with PTSD, depression, and substance use disorder among homeless youth. *Child Maltreatment* 2014: 1-10.
19. Monteiro S, Matos AP, Oliveira S. The moderating effect of gender: Traumatic experiences and depression in adolescence. *Procedia-social and Behavioral Sciences* 2015; 165:251-259.
20. Wysowski DK, Pitts M, Beitz J. An analysis of reports of depression and suicide in patients treated with isotretinoin. *Journal of the American Academy of Dermatology* 2001; 45:515-519.
21. Birmaher B, Williamson DE, Dahl RE, Axelson DA, Kaufman J, Dorn LD, et al. Clinical presentation and course of depression in youth: does onset in childhood differ from onset in adolescence? *Journal of the American Academy of Child and Adolescent Psychiatry* 2004; 43:63-70.
22. Weller EB, Weller RA, Danielyan AK. Mood disorders in prepubertal children. In: Wiener JM, Dulcan MK (ed), *Textbook of Child and Adolescent Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing; 2004a, pp. 411-435.
23. Weller EB, Weller RA, Danielyan AK. Mood disorders in adolescents. In: Wiener JM, Dulcan MK (eds), *Textbook of Child and Adolescent Psychiatry*. 3rd ed. Washington, D.C.: American Psychiatric Publishing; 2004b, p. 437-481.
24. Humensky J, Kuwabara SA, Fogel J, Wells C, Goodwin B, Van Voorhees BW. Adolescents with depressive symptoms and their challenges with learning in school. *Journal of Scholar Nurs* 2010; 26(5):377-392.
25. Fröjd SA, Nissinen ES, Pelkonen MU, Marttunen MJ, Koivisto AM, Kaltiala-Heino R. Depression and school performance in middle adolescent boys and girls. *Journal of Adolescence* 2008; 31(4):485-498.
26. Ross EC, Mirowsky J. Sex differences in the effect of education on depression: Resource multiplication or resource substitution? *Social Science and Medicine* 2006; 63:1400-1413.

---

### Corresponding Author

**Pooja Shrivastava\***

Research Scholar, Apex School of Education, Apex University, Jaipur (Rajasthan)-303002