



Adolescent learners' experiences, mental health, and coping strategies during the COVID-19 pandemic in South Africa

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Abstract—The COVID-19 pandemic profoundly disrupted global education systems, with limited research focusing on its psychological and emotional impact among adolescent learners in low- and middle-income countries. Through in-person semi-structured interviews, this qualitative study explored the experiences, mental health impacts, and coping strategies of twenty purposively selected adolescent learners (4 males and 19 females). Thematic analysis revealed three key themes: Weight of restrictions: Navigating the general impact, Academic and emotional strain: The dual burden of the pandemic and adapting to adversity. The findings illuminate the pandemic's multifaceted effects on adolescent learners' social, economic, educational, and emotional wellbeing. While many adolescent learners experienced significant strain, others demonstrated resilience and employed adaptive emotion-focused coping strategies. These results emphasise the role of individual and contextual factors in shaping learners' responses to crises. The study advocates multilevel mental health interventions that integrate economic, educational, and psychosocial dimensions. This study recommends that future research should further explore these dynamics across diverse populations and longitudinally to inform post-pandemic mental health and education policies.

Keywords: Adolescent learners, COVID-19 pandemic, Mental health, South Africa

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I. INTRODUCTION

THE COVID-19 pandemic has profoundly disrupted education systems worldwide. Schools closed for a median of 17 weeks between the pandemic's onset and early 2022, significantly interrupting learning and exacerbating pre-existing educational inequalities, particularly in low- and middle-income countries (LMICs) (World Bank, UNESCO, & UNICEF, 2021; Haelermans et al., 2022). These disruptions have raised global concerns about the long-term effects on human capital development (Hanushek & Woessmann, 2022) while also heightening critical issues related to the mental health of young people (Haag et al., 2022; Zolopa et al., 2022). Adolescence, marked by significant social, emotional, and cognitive growth, is a developmental phase particularly susceptible to mental health challenges (Patton et al., 2016). The pandemic's stressors and associated disease containment measures (DCMs) have amplified this vulnerability (Govender et al., 2020; Zhou et al., 2020). Meta-analyses indicate significant increases in anxiety, depression, and stress among adolescents during this period (Deng et al., 2023; Racine et al., 2021). Qualitative studies further highlight adolescents' experiences of social disconnection, academic stress, and emotional exhaustion, with many expressing feelings of helplessness due to disrupted routines and prolonged isolation (Magson et al., 2021).

In South Africa (SA), the mental health challenges faced by adolescents during the pandemic are exacerbated by significant socioeconomic disparities. Learners in SA experienced an average loss of 54% of in-person learning time in 2020 due to staggered school reopenings, rotating attendance schedules, and limited access to digital infrastructure (DBE, 2022). These disruptions compounded pre-existing vulnerabilities, including poverty, community violence, and

HIV/AIDS-related stressors (Álvarez-Iglesias et al., 2021; Duby et al., 2022). Additional pandemic-related stressors, such as overcrowded living conditions, food insecurity, and income loss, further heightened risks to poor mental health (Coetzee & Kagee, 2020; Munir, 2021). The limited availability and chronic underfunding of mental health services in SA aggravated these challenges (Sorsdahl et al., 2023).

Although global research on adolescent mental health during the pandemic is extensive, studies specific to the South African context remain limited (Deng et al., 2023). Nevertheless, available South African studies suggest that adolescent experiences and mental wellbeing amid the pandemic resulted in varying socioeconomic, educational, and mental health shifts that are resource setting dependant, with those with improved access to resources experiencing more positive experiences (Closson et al., 2024; Duby et al., 2022; Jansen, 2020; Layton & Jacobs, 2024; Mofokeng, 2023; Mukoma et al., 2023). These studies, however, exhibit several methodological limitations, such as small sample sizes, the combination of adolescents with younger children or young adults, a singular focus on gender, or reliance on remote data collection methods (e.g., phone interviews or online surveys), which largely excludes learners in rural or low-resourced urban areas without access to digital infrastructure (e.g., Dube, 2020). For example, while Closson et al.'s (2024) large-scale study of 2064 youth (aged 16-24) in eThekweni offered notable insights into the emotional impact of the pandemic, its inclusion of young adults in the sample (aged 18-24) and reliance on remote data collection methods (i.e., online survey) limits the depth of understanding specific to adolescents' experiences and excludes those without digital access. Likewise, while Mofokeng's (2023) study explored the impact of COVID-19 on learners' wellbeing in a rural high school in the Free State, the study is limited by small sample size ($n = 6$) and reliance on remote data collection methods (i.e. telephone interviews). While much of the literature emphasises the negative

mental health impacts of the pandemic among South African adolescents, resilience and coping strategies have received comparatively less attention. Research suggests that resilience and coping are context-specific (Masten & Motti-Stefanidi, 2020), making it essential to explore how unique socioeconomic challenges shape these processes among adolescent learners in SA. Two exceptions that explore resilience more broadly amid the pandemic include work by Duby et al. (2022) and Gittings et al. (2022). While Duby et al. (2022) explored 'educational resilience' among adolescent girls and young women (AGYW) living in lower socioeconomic contexts in SA ($n=50$; aged 15-24), Gittings et al. (2022) explored vulnerabilities and resilience-promoting factors among a small sample of young people ($n=12$, ages 18-25) living in the Eastern and Western Cape. Duby et al. (2022) found key factors bolstering resilience to include individual, family, school, structural, and socioeconomic support. Comparably, Gittings et al. (2022) found that individual, relational, and contextual realities largely shaped the ability of participants to cope, with those in contexts of better access to resources coping better than those in lower-resource settings. While these studies offer valuable insights into experiences of resilience more broadly, they predominantly focus on young adults, utilise remote methods that exclude digitally underserved populations, and focus on a single gender (i.e., Duby et al., 2022). Consequently, there remains a significant gap in understanding experiences of resilience and individual coping strategies among adolescents in diverse South African settings.

II. OBJECTIVES OF THE STUDY

This study explores adolescent learners' experiences, mental health impacts, and coping strategies during the COVID-19 pandemic across seven high schools in the Cape Town metropole, South Africa.

III. METHODS

Research paradigm

This study was grounded in the interpretive paradigm, which prioritises understanding individuals' subjective experiences and the meanings they ascribe to their realities (Alharahsheh & Pius, 2020). The interpretive approach was well-suited to the study's objective of exploring adolescent learners' experiences, mental health impacts, and coping strategies during the COVID-19 pandemic. This paradigm enabled an in-depth exploration of how adolescent learners navigated and understood the challenges faced by emphasising the value of participants' interpretations and perceptions. These insights are critical for informing the development of effective mental health and educational interventions for both post-pandemic recovery and future educational disruptions.

Research approach

This study employed a qualitative research approach, which enabled a comprehensive exploration of adolescent learners' lived experiences during the COVID-19 pandemic. Qualitative research focuses on understanding how individuals perceive and interpret their social realities (Smith, 2015). By recognising that individuals construct their realities through interactions with their environments, qualitative research provides insights into how participants make sense of their world and lived experiences (Creswell & Creswell, 2018). This approach emphasises rich, detailed descriptions of social phenomena, allowing the researcher(s) to better understand adolescents' challenges and coping mechanisms during the pandemic.

Research design

This study employed a phenomenological research design. Phenomenology is a qualitative research design focused on understanding individuals' lived experiences of a specific phenomenon, aiming to uncover the essence of these experiences from the participants' perspectives (Smith & Nizza, 2022). This approach was appropriate for our study, as it allowed us to deeply explore how adolescent learners in SA experienced the COVID-19 pandemic, its

mental health impact, and their coping strategies. By capturing the subjective realities of learners amid the global crisis, phenomenology provided rich, nuanced insights into their challenges and resilience in a context shaped by unique socioeconomic and educational disparities.

Participants

Our sample comprised 23 high school learners (4 males, 19 females; age range: 18-19 years old). Participants aged 18 or older were invited to reflect retrospectively on their experiences as adolescents, inclusive of the potential mental health impact and coping strategies during the COVID-19 crisis. Participants who were unable to converse in English were excluded from the study. Given the interpretative nature of our research, effective communication in a shared language was crucial for capturing the depth and quality of participants' experiences. While this decision may limit inclusivity, it was necessary to accurately reflect the participants' lived experiences without the complications of language barriers. Participants were recruited until data saturation was reached, suggesting no new information or themes emerged. Recruitment was conducted through purposive sampling (see procedure).

Research instrument

A semi-structured interview guide was developed to capture participants' experiences. Participants completed one in-person semi-structured interview. During the interview, participants were asked to: (1) discuss the challenges they experienced related to the COVID-19 pandemic and (2) reflect on how they coped with these challenges. Interviews were conducted in English, audio-recorded, transcribed verbatim, and stored electronically in password-protected documents. Interviews were conducted between August and October 2022, each lasting approximately 30 minutes.

Research sites

The research was conducted in seven government-funded high schools in lower socioeconomic areas within the Cape Town metropole. Three schools were situated in informal settlements, and four were in semi-urban areas. Schools in informal settlements were characterised by limited infrastructure, high population density, informal housing, and high crime rates. While semi-urban schools had comparatively more resources, all were constrained by the challenges of under-resourced educational settings.

Procedure

Permission was obtained from the Western Cape Education Department (WCED) to contact the principals of 25 high schools randomly selected in the Cape Town metropole. Seven schools committed to their involvement in this study. Teachers at these schools were asked to inform learners who were 18 years and older about the study. Flyers were provided at each school describing the study and inviting learners to participate. Learners interested in participating who could access a mobile telephone were asked to contact the study team via WhatsApp. Learners who were 18 years and older were invited to participate in an in-person interview at the school. Participants received a R100 grocery voucher as a token of appreciation. Vouchers were sent electronically via WhatsApp.

Data analysis

Reflexive thematic analysis (RTA) was conducted with the assistance of ATLAS.ti version 24 (Braun & Clarke, 2021). RTA is particularly well-suited for capturing participants' nuanced, subjective experiences, as it prioritises their voices and perspectives while allowing for flexibility in interpreting patterns across the data. The coding process was carried out inductively by PH and MJ, who frequently collaborated to ensure consistency in code development and to minimise bias. Each participant's data was initially coded individually to preserve the richness of their unique narratives. Subsequently, themes and subthemes were identified, compared across cases, and refined to encapsulate shared and divergent experiences. All authors reviewed the iterative synthesis of the results to ensure comprehensive data representation.

To enhance rigour and trustworthiness, the research team engaged in consultations at various stages of the analysis, fostering reflexivity

and consensus in coding and theme development. This iterative process ensured that the method captured the complexity of adolescent learners' experiences, mental health impacts, and coping strategies during the COVID-19 pandemic.

Ethical considerations

This research received ethical clearance from the Health Research Ethics Committee at Stellenbosch University, with reference number N21/05/012-COVID-19. Participation was voluntary and anonymous. As all participants were 18 years or older, their informed consent was obtained before their participation. To ensure participant wellbeing, contact details for free counselling services were provided in case of any distress related to the study. Confidentiality and anonymity were preserved by utilising participant codes and excluding identifiable information. All data were securely stored in password-protected files and backed up on OneDrive.

IV. RESULTS

Three major themes emerged from the data (see Table 1): (1) The weight of restrictions: Navigating the general impact, (2) Academic and emotional strain: The dual burden of the pandemic, and (3) Adapting to adversity. These themes, though distinct, are interconnected and are delineated below.

Table 1 Themes and subthemes

Themes	Subthemes
The weight of restrictions: Navigating the general impact	Frustration and disappointment
Academic and emotional strain: The dual burden of the pandemic	Economic and social strain Endless days and unexpected gains Increased academic stress Reconfiguration: Attendance rotation and the classroom experience Online learning challenges Mental health response: Anxiety, grief, and loneliness Positive impact
Adapting to adversity	Coping strategies Sources of support

Weight of restrictions: Navigating the general impact

This theme encapsulates the broad effects of COVID-19 on all participants, marked by frustration and disappointment with restrictions, economic and social strain on families, and, for a few, unexpected gains amid prolonged disruptions.

Frustration and disappointment

Eighteen participants expressed frustration about the restrictions. Mandatory protocols such as mask-wearing, sanitising, social distancing, and school closures disrupted daily routines and heightened feelings of isolation and discomfort. One participant reflected:

"We had to follow the rules like wear a mask each time. Social distancing. The sanitisers. The scanning each morning. It was kinda weird." (Participant 2).

Participants struggled to adapt, citing either physical or emotional discomfort. For example:

"These masks were so suffocating." (Participant 22).

Social distancing deepened the sense of alienation, as one learner described:

"It was really hard because you see your friends after a long time, but you are restricted not to come closer." (Participant 23)

Canceling key milestone events, significant in adolescent development, worsened the emotional toll. One participant shared:

"We were going to have a party, and I was excited, and then COVID hit just before my birthday, and we had to cancel everything." (Participant 6).

Another expressed disappointment over missing a friend's celebration:

"I was so... well... not annoyed, but... it was going to be my friend's birthday party. And they were like, no, it is gonna be a lockdown." (Participant 11)

Economic and social strain

The pandemic placed severe financial strain on eleven participants' families, with job losses and reduced household income intensifying emotional stress. One learner recounted:

"It was very, very hectic for me... My mother lost her job also in the pandemic, my father also the same, my sister also lost her job." (Participant 8).

With limited resources, some families had to rely on small government grants, which worsened feelings of anxiety. One participant expressed:

"We were just depending on social grants, which is not enough." (Participant 17).

A heightened sense of insecurity compounded this financial instability due to increased community violence and militarisation during the lockdown. The presence of soldiers enforcing restrictions, along with rising gang violence, created an atmosphere of fear. One participant reflected:

"It was the first time seeing the soldiers in my area... I was scared." (Participant 4).

Another learner highlighted the dangers of gang violence in their community:

"When the restrictions were lighter, like... where we live here in this community, is gangsterism. [There was] shooting everywhere you walk." (Participant 8).

Further compounding these stressors involved the challenge of living in overcrowded homes. These confined conditions hindered academic productivity and elevated stress levels, as three participants struggled to find respite within their homes. One participant explained:

"It was not easy because at my home, we are about six. So when I'm supposed to be studying, there are other people, and they are making their noise." (Participant 23).

Endless days and unexpected gains

Initially, six participants underestimated the severity of the pandemic, expressing shock and, in four cases, a sense of relief at the disruption of school routines:

"I was in shock. I did not think it was going to be a serious thing. I did not think it was going to be so long." (Participant 6).

Over time, however, five participants revealed boredom and monotony, which took an emotional toll. One participant described:

"Seeing the same people every day. It got boring. It got exhausting." (Participant 16).

Social isolation further intensified this emotional impact, as another reflected:

"It was boring staying at home because I missed my friends." (Participant 19)

Despite these predominant challenges, ten participants discovered positive aspects amidst the disruption. The initial lockdown, for instance, offered a welcomed reprieve for four participants from academic pressures:

"I was stressed at that time. So, I just was happy for the break." (Participant 16).

For others, the lockdown became an opportunity for personal growth and skill development. One participant shared:

"I learned how to do makeup, I learned how to do my hair, I learned how to do my nails." (Participant 16).

The lockdown also fostered closer family relationships. One participant described:

"During the lockdown, we would get together with family, like all my family, we would talk." (Participant 9).

These reflections reveal a nuanced experience; while the pervasive monotony of lockdown impacted participants' mental health, some were able to find moments of rest, connection, and self-development. Specifically, boredom prompted participants to learn new skills and engage in hobbies, while extended time spent at home enhanced communication and strengthened relationships among family members.

Academic and emotional strain: The dual burden of the pandemic

This theme underscores the dual burden of academic stress and mental health challenges during the pandemic.

Academic challenges

A prominent subtheme involved an increase in almost all participants' academic stress. The shift from traditional schooling to a combination of online and in-person classes and rotating class schedules left participants feeling overwhelmed. Eighteen reported struggling to adjust to self-study, with one participant stating:

"The pressure was getting high because we had to study on our own." (Participant 22)

This stress was exacerbated by balancing academic expectations with household responsibilities and cultural expectations. For example, one participant explained:

"Coming from a black household as a female daughter, things are expected of you, you have to cook, you have to clean, you have to do all these things. And I was juggling school as well." (Participant 16)

Gaps in learning and the increased workload assigned to make up for lost time, heightened academic pressure. One participant reflected:

"The workload was also more. We missed out on a lot of work that we were supposed to do. I was struggling." (Participant 8).

Similarly, one participant mentioned:

"It was challenging because we had so much work to do, and we were not finished with the syllabus." (Participant 19).

This pressure not only impacted academic performance but also contributed to a sense of lost learning opportunities, further intensifying feelings of anxiety and depression. Implementing rotating attendance schedules to comply with social distancing measures disrupted academic routines and social dynamics. Attending school only once a week or on alternating days created confusion. One participant remarked:

"It was not nice... you can barely make out what was happening." (Participant 6).

Changes to classroom layouts to ensure social distancing further fostered feelings of isolation. One participant noted:

"In class, there was one table, and you sat alone. There was distance between you and your friends." (Participant 22).

The division of classes into alternating groups further fractured peer relationships:

"There was a group A and a group B. I would be in group B and come every second day. I would not see the other half of my class. So, when Grade 12 happened, and we all came together, it was so weird because now there was a split in class." (Participant 2)

The transition to online learning introduced its challenges, particularly the financial strain associated with data costs. Participants from lower-income households voiced concerns about internet access, with one stating:

"When it was time to do schoolwork, it was challenging because most of us, we do not have WiFi or data." (Participant 4)

This digital divide led to missed content and heightened anxiety. Confusion and frustration further surrounded the online learning experience, as one participant expressed:

"The online classes were horrible. Because nobody knew how Teams worked. People were trying to figure out Zoom. And the meetings you took did not record, the screen was not sharing, and nothing was going as it should. And I was just so confused." (Participant 11).

Nine participants attributed their enhanced confusion to a decrease in interaction with teachers. One participant shared:

"I am not sitting in the classroom where you can have someone explain the work you do not understand." (Participant 10).

Three participants reported becoming easily distracted without the structure of a physical classroom. One participant noted:

"It was not easy. I had a lot of people... distractions and [I was] easily distracted... you could not focus properly." (Participant 10).

Emotional impacts

All participants reflected on their emotional responses to the pandemic. Almost all participants reported experiencing anxiety and fear for their health and the health of their families. One participant noted:

"There was... a lot of anxiety, you know, just like ... What if I get sick? What if I get it?" (Participant 11).

Similarly, another expressed:

"My grandma has heart disease. I am like, yoh, imagine I catch COVID, and I go home." (Participant 16)

Grief also surfaced as a significant theme. For example, eleven participants reflected on losing loved ones during the pandemic:

"We got a message that one of our teachers died from Covid. And my friend's father also lost his life from Covid. It was so depressing." (Participant 20)

Participants mourned not only the loss of loved ones but also the social connections that typically characterise adolescent life. One participant lamented:

"I felt so lonely... I had to move where I would not see my friends." (Participant 22).

The sense of isolation fostered by the lockdowns and social distancing measures led to a profound sense of loneliness among eleven participants, amplifying feelings of depression and hopelessness. One participant expressed:

"One of the things that I felt, and I think a lot of people also felt, was that sort of isolation of not being able to see your friends." (Participant 11).

Positive outcomes

Despite the predominance of negative impacts, nine participants reported positive changes in their academic and emotional experiences. Notably, reduced class sizes facilitated a more individualised learning environment. One participant noted:

"Being in a smaller group, you learn more." (Participant 9)

Similarly, another shared:

"I like working in a small group... I focus more when you are like 20 in a class, not 40." (Participant 7)

The return to in-person learning after prolonged isolation, moreover, evoked feelings of gratitude and relief among three participants, with one enthusiastically stating:

"I was happy! I was really happy! I get to see my friends! I get to learn!" (Participant 3).

For these individuals, the pandemic elicited gratitude and highlighted the value of social interaction and in-person education, which they had perhaps previously taken for granted.

Adapting to adversity

Participants were asked to reflect on how they coped during the pandemic. The analysis revealed a diverse range of responses, highlighting both adaptive and maladaptive approaches and reliance on various sources of support.

Coping strategies

Participants employed various adaptive strategies to navigate the challenges of the pandemic. Some methods were mindfulness practices, and creative expression through art, music, and reading. One participant stated:

"When you read... you can just escape for a little while." (Participant 2)

Physical activity was also reported, with one learner noting:

"I would play soccer." (Participant 7).

For some, faith was a vital coping mechanism, as one participant shared:

"Praying, praying, praying too. It helps a lot." (Participant 20).

Self-psychoeducation emerged as a protective factor, with one participant seeking information to better understand their experience:

"I watched a lot of YouTube channels to sort of understand, like psychology videos, to understand how anxiety affects your daily life, and how maybe you can cope with that." (Participant 16).

Conversely, six participants reported maladaptive coping strategies. Increased alcohol consumption was one response. One participant candidly shared:

"Sometimes I [had] a glass of wine or two just to feel a bit better." (Participant 6).

Emotional repression was another concerning strategy, with cultural expectations compounding this avoidance. One participant noted:

"Some black parents do not understand what you go through. As young children, they expect us to bottle up everything." (Participant 10)

Poor eating habits also emerged as a maladaptive response, with one participant admitting:

"Most of us gained weight. We lost our, like, habits." (Participant 15)

Sources of support

Several key sources of support emerged from twelve participants. Digital connectivity allowed participants to maintain social relationships despite physical distancing. One participant shared:

"I would always try to be on a call with one of my friends." (Participant 16)

Family support was also crucial, with participants expressing gratitude

for the assistance they received. One learner noted:

"I did receive a lot of support from my family." (Participant 14)

Institutional support was also highlighted. For example, participants acknowledged efforts by the Department of Education to alleviate academic pressure through syllabus and grading system changes. One stated:

"The Department of Education helped us with the syllabus. It made things easier for us to learn." (Participant 20).

Comparably, participants recalled tangible support offered by their school. One learner stated:

"They did give us masks." (Participant 21).

Participants also reported receiving emotional and academic support from teachers. One stated:

"I'd talk to some of my teachers." (Participant 10).

Access to school counsellors and psychologists further provided critical support. One participant shared:

"They even got us, the social workers from around to assist learners going through some rough times." (Participant 20).

V. DISCUSSION

This study, conducted in 2022 following the peak of the COVID-19 pandemic, retrospectively explored the experiences of adolescent learners in SA during the crisis, highlighting their coping mechanisms and mental health impacts. Our findings revealed the heterogeneity of adolescent experiences shaped by their access to resources and contextual realities. Adolescents in higher-resource settings reported more positive impacts, while those in low-resource environments faced compounded challenges. These results reinforce the importance of avoiding monolithic ideas of adolescent experiences in pandemic research and responses.

Participants expressed considerable frustration and disappointment in response to general lockdown restrictions and DCMs, such as mask-wearing, sanitising, and school closures. For many, distress surrounded disruptions to milestone events, including birthday celebrations, which are pivotal for identity formation during adolescence. These findings align with Verity et al. (2023), who argue that missing key social markers exacerbates emotional distress and peer detachment. Furthermore, research demonstrates a clear connection between chronic frustration and stress and heightened anxiety levels among youth (Hankin et al., 2016). Participants also reported significant economic strain, as many families faced job losses, financial insecurity, and increased reliance on social grants, a phenomenon mirrored in local research (Duby et al., 2022; Gittings et al., 2021). This is noteworthy as financial difficulties can create a cascade of effects that negatively influence mental health (e.g., increased stress, anxiety, and depression) while also limiting access to necessary support and resources (Hassler & Möller, 2020). In addition, participants reported intensified community violence, particularly gangsterism, and the fear-inducing presence of military personnel enforcing lockdown measures. This is significant considering a systematic review suggesting that increased exposure to violence among adolescents can have lasting adverse psychological effects (Hoosen et al., 2022).

While initially, many participants dismissed the severity of the pandemic (see also Mukoma et al., 2023) and welcomed the break from school, over time, the lockdown's repetitive daily routines took an emotional toll. The prolonged isolation led to boredom, with many feeling trapped in their home environments. This experience is noteworthy, given that persistent boredom can lead to feelings of hopelessness and an increased risk of developing depressive symptoms (Nett et al., 2011). Research by Jones et al. (2021) corroborates this, noting that prolonged periods of inactivity and social isolation contribute to increased feelings of frustration and mental health issues, such as anxiety and depression. Despite these challenges, some participants reported unexpected gains, including opportunities to develop new skills and strengthened family relationships. These positive experiences reflect findings by Chin et al. (2023), who propose that crises can foster

adaptive coping and resilience in adolescents.

Participants reported increased academic pressure from self-directed learning difficulties, greater workloads, and additional familial or cultural obligations (Foli, 2022; Mofokeng, 2023). Rotational attendance and socially distanced seating disrupted traditional classroom routines, exacerbating these challenges (Jansen, 2020), while emotional distancing among peers reshaped classroom dynamics (Guzman Holst et al., 2023). Online learning further compounded difficulties, with high data costs posing significant barriers (Layton & Jacobs, 2024; Mofokeng, 2023). These educational strains were accompanied by heightened anxiety, grief, and loneliness, emotions widely reported in local research (Closson et al., 2024; Duby et al., 2022). Academic challenges and mental health issues are closely linked, as learners facing academic difficulties experience anxiety, depression, and stress, further impairing performance (Kitzrow, 2003). Isolation, loss of loved ones, and academic uncertainty contributed to heightened anxiety and grief, consistent with evidence linking these experiences to increased risks of depression and long-term distress (Loades et al., 2020). Despite these challenges, some participants reported improved academic and emotional wellbeing due to smaller class sizes and greater teacher attention, aligning with local research on the benefits of reduced class sizes (Mofokeng, 2023). A renewed appreciation for traditional learning environments also motivated greater engagement, suggesting that opportunities for growth and resilience can emerge even amidst adversity.

Lazarus and Folkman (1984) posit that individual strategies for managing stress can be categorised into problem-focused and emotion-focused coping. Problem-focused coping aims to alter the stressor itself, while emotion-focused coping seeks to modify one's emotional response to the stressor. This study identified both adaptive and maladaptive coping strategies among participants. Participants commonly reported using adaptive coping strategies such as engaging in creative activities, physical exercise, mindfulness, faith-based practices, and seeking social support. In contrast, maladaptive responses, including alcohol use, poor eating habits, and emotional repression, were mentioned less frequently. Although the predominance of adaptive strategies may reflect genuine reliance on healthier coping mechanisms, the potential influence of social desirability bias, where adolescents underreported maladaptive behaviours, cannot be overlooked (Van de Mortel, 2008).

Additionally, this trend may stem from increased mental health awareness during the pandemic or effective interventions promoting adaptive coping. Importantly, maladaptive strategies remain a concern due to their association with heightened risks of stress, anxiety, and depression, perpetuating cycles of emotional distress (Compas et al., 2017). Emotion-focused coping was particularly common, reflecting the uncontrollable nature of many pandemic stressors (Lazarus & Folkman, 1984).

Social support emerged as a crucial resource, encompassing emotional support (concern for emotional wellbeing) and instrumental support (tangible assistance). Participants reported relying on varied sources, including friends, family, schools, the Department of Education, and mental health practitioners, mirroring findings from existing research (Duby et al., 2022). However, disparities in access to support, shaped by socioeconomic and systemic barriers, likely influenced the effectiveness of these resources. This aligns with research emphasising the role of consistent, robust support systems in fostering resilience and promoting adaptive coping (Garcia et al., 2012).

This study highlights the necessity for tailored interventions to address adolescents' unique challenges in South Africa, particularly those stemming from socioeconomic disparities and digital inequalities. Resilience-focused, preventative programmes that provide young people with adaptive coping skills and mitigate barriers to support are essential for buffering the psychological impacts of crises. In particular, the findings emphasise the urgent need to integrate mental health education and resilience-building strategies into school curricula. Schools can enhance adolescents' resilience and wellbeing by equipping educators to recognise signs of distress and fostering an environment

that promotes open communication about mental health, ultimately contributing to healthier learning environments and improved academic outcomes. Equitable access to educational resources, enhanced mental health support within schools, and collaboration between educational institutions, healthcare providers, and community organisations are crucial to addressing the compounded effects of economic strain, violence, and limited mental health infrastructure.

While this qualitative study provides valuable insights into the impact of the COVID-19 pandemic on South African adolescents, certain limitations must be acknowledged. First, some participants struggled to articulate their experiences, potentially underreporting psychological distress. Second, as a retrospective study relying on self-reported data, responses may have been influenced by recall bias and social desirability. Third, the gender imbalance in the sample, with 19 females and only 4 males, may underrepresent male adolescents' experiences. Future research should explore the long-term effects of the pandemic with greater socioeconomic, geographic, gender, and age diversity among adolescent learners, incorporating perspectives from educators and parents to achieve a holistic understanding. Furthermore, while participants detailed their access to support during the pandemic, they did not address gaps or barriers. Future research should explore these unmet needs to better understand adolescents' specific support systems and access challenges.

VI. CONCLUSION

This research advocates for comprehensive, contextually informed interventions that recognise adolescent learners' diverse experiences and needs in South Africa. The findings support the need for multilevel approaches to mental health care that consider economic, educational, and psychosocial factors in tandem. This aligns with current trends in psychology training and curricula to approach mental healthcare from a holistic perspective, and to avoid monolithic ideas of adolescent learners' experiences in pandemic research and responses.

VII. CONFLICT OF INTEREST

There are no conflicts of interest in this article.

VIII. DATA AVAILABILITY STATEMENT

Data are available upon request.

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