

Impact of Covid-19 on the Mental Health of Children

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Keywords: *Covid-19, Pandemic, Stress, Mental health, Psychological effects*

Abstract

COVID-19 outbreak and the government's drastic actions, including as quarantine and social isolation, induce psychological hardship in children and young adults. Due to the pandemic, social isolation, and parents' stress, studies suggest a high occurrence of anxiety and depression signs in children and adolescents. Psychiatric symptoms are more likely to occur in high school students, girls, and low-income families. Maintaining interaction with peers through media platforms and receiving factual government updates through the media can help to alleviate psychological anguish. Despite the fact that the incidence of COVID-19 infection amongst young individuals is low, the stress they face makes their situation extremely sensitive. Many cross-sectional research have been carried out to investigate the impact of COVID-19 and lockdown on children and youth. The findings of these studies show that the type and degree of this impact is influenced by a number of risk factors, including developmental phase, education level, pre-existing mental health conditions, being economically disadvantaged, or being quarantined due to infection or fear of infection. This review focuses on the impact of the Covid-19 pandemic on the mental health of children which is a greater cause of concern than perceived.

Introduction

The sudden onset of the covid-19 pandemic has caused immense loss (both material and mental) in the lives of people all around the world. Because students constitute such a large proportion of a country's population, their mental health during the epidemic has been identified as a major concern. The COVID-19 was discovered near the end of December 2019 in Wuhan, China [1]. It quickly spread around the world, becoming the most difficult tragedy since World War II. People's normal lives have been disrupted as a result of the disastrous consequences. On March 11, 2020, the World Health Organization declared the outbreak a pandemic due to its unprecedented and widespread behaviour. To reduce the spread of this viral outbreak in the community, the world witnessed a number of public health measures, such as (i) imposing countrywide lockdown, (ii) shutting down educational institutions, (iii) isolating the infected cases, (iv) quarantining the suspected cases, (v) confining social and community movements, etc. Italy was one of the most affected countries during the COVID-19 pandemic and one of the first, after China, to face the SARS-CoV-2 outbreak [2]. The government and the general public have made significant efforts to reduce viral transmission. A massive amount of resources were used in the public health system and intensive care units, and several volunteers assisted in the management of the COVID19 emergency. In any case, once the infection peak has passed, health organizations will have to deal with the psychological impact of the pandemic. In this situation, the entire population is involved: patients, hospital workers, families, the elderly, and policymakers. The COVID19 pandemic is the first major stressful community event for children and adolescents in Italy. This is the first time that the government has ordered the closure of schools, public parks, gathering places, recreational and sporting activities across the country. As a result, people were subjected to forced social isolation during the lockdown period, followed by social distancing at the end of the quarantine. This circumstance can result in psychological distress and a depressive mood. Furthermore, during the peak of the outbreak, when the number of positive

cases and deaths is high, children and adolescents must deal not only with the fear of becoming ill, but also with the loss of loved ones. Purgato et al. [2] reviewed the literature on psychological therapies used in previous humanitarian crises and disasters where there was a high incidence of post-traumatic stress disorder, depression, anxiety, and somatoform disorder, and found low quality evidence about the efficacy of psychological interventions in reducing these symptoms in children and adolescents. Although the effects are felt across populations—particularly in socially disadvantaged communities and individuals employed as essential workers—college students are disproportionately affected by COVID-19 due to uncertainty about academic success, future careers, and social life during college, among other concerns. Even before the pandemic, students around the world were experiencing increased anxiety, depressive moods, low self-esteem, psychosomatic problems, substance abuse, and suicidality. As a result, students may require additional resources and services to deal with the disease's physical and mental health consequences [3]. These consequences are severe enough to warrant immediate health that would benefit the masses and would aim at prevention and treatment. Understanding which subpopulations may be affected by specific combinations of psychological effects may allow for more targeted interventions as well as successful treatment and coping strategies for those who are most vulnerable. In this paper the possible psychological impacts of this pandemic has been discussed based on the evidences and reports published during the course of the pandemic.

Impact on young children

During the pandemic the different levels of the society were forced to follows different isolation strategies to break the human chain of transmission for the virus. The changing patterns of lifestyle caused a varied effect on the mental health of individuals especially students who were forced to stay away from the classrooms and were confined to the online platform [4]. Pre-Lockdown learning for children and teens was an individual interaction with counselors and peer groups around the world. Over 91% of the world's student

population has been significantly impacted by nationwide school and institution closures [5]. Children and adolescents detained in their homes experienced uncertainty and anxiety due to the disruption of their education, exercise, and opportunities to meet people. In the long run, the lack of formal schooling has led to disruption of schedule, boredom, and a lack of novel thoughts for engaging in various academic and extracurricular activities. Because they were unable to play outside, meet friends, or participate in in-person school events, children exhibited decreased levels of concentration and other mental issues. Stress was the instrumental factor that caused such manifestations during the pandemic. Because of the long-term change in their routine, these children grew more clinging, attention-seeking, and dependent on their parents. Children are anticipated to avoid going back to school after the lockdown is released, and they will have difficulty reconnecting with their tutors again when the institutions resume. As a result, their movement restrictions could have a long-term harmful influence on their mental health. According to a study, older adolescents and youngsters are apprehensive about assessments, outreach programs, and academic events being cancelled. [5-6]. According to current COVID-19 studies, school closures in isolation prevent roughly 2-4 percent additional deaths, which is a small number when compared to the use of other social distancing techniques. Furthermore, they advise policymakers that if social distancing is recommended for a lengthy time, schools should use less disruptive social distancing measures. However, in the current climate, it is debatable whether complete school and college shutdown for an extended period is necessary. It has already been hypothesized that panic buying is an instinctual survival reflex during times of stress. During the current pandemic era, hoarding behaviour among children has grown [6-7]. This has also been found out that social distancing is primarily viewed as a social responsibility among adolescents, and that it is more sincerely followed when motivated by prosocial goals to protect others from illness. Furthermore, as a result of their lengthier confinement at home, children's greater use of the internet and media increases their susceptibility to acquire disagreeable content, and heighten their vulnerability to being

tortured or harassed [8]. To make the situation even worse, when schools are closed and regulatory and precautionary services are absent, children are unable to report violence, abuse, or any other unpleasant behaviour they have witnessed.

Impact on adolescents and children with special needs

Approximately one out of every six children between the ages of two and eight years has a neurodevelopmental, behavioural, or emotional problem [9]. During the present pandemic and lockdown, these youngsters with special needs [autism, attention deficit hyperactivity disorder, cerebral palsy, learning disabilities, developmental delays, and other behavioural and emotional difficulties] face difficulty. They have intolerance for ambiguity, and their symptoms have worsened as a result of the imposed limits and unfavourable surroundings, which differs from their usual routine. They also have trouble following directions, comprehending the complexities of the epidemic situation, and working autonomously. Due to the closure of special schools and day care centres, these children no longer have access to resource materials, peer group interactions, or opportunities to learn and develop important social and behavioural skills in a timely manner [5]. As a result, they may revert to previous behaviours as they lose their anchor in life, and their symptoms may recur. Temper tantrums and conflict between parents and adolescents are also triggered by these settings. Although these students had been having difficulty even when attending special schools previous to the epidemic, they had eventually learned to construct a regimen that they followed for the majority of the day [10]. It is difficult for parents to address these issues on their own since they lack professional experience, so they rely on schools and therapists for assistance. Because each disease is unique, each child has unique demands that must be met. Children with autism have a hard time adapting to changes in their surroundings. When something is changed or shifted from its original position, they become anxious and irritated. They may exhibit an upsurge in behavioral issues and self-harming behaviours. Lockdown makes it difficult for parents to deal

with autistic children. Because it is difficult for children to learn through online sessions, the suspension of speech therapy and occupational therapy sessions could have a detrimental influence on their skill development and attainment of the next milestone. Obsessive compulsive disorder (OCD) is estimated to affect 0.25 percent to 4% of children and adolescents. Children with OCD are thought to be among the most vulnerable to the pandemic. They are predicted to be distressed due to obsessions and compulsions related to contamination, hoarding, and somatic preoccupation. One of the most important defenses against the transmission of COVID-19 is cleanliness [11]. The lockdown has made life worse for persons with such health problems.

Impact on underprivileged children

The chance of having mental health issues has been linked to social inequality. The pandemic and lockdown world has been hit by a global economic downturn, which has exacerbated already-existing societal inequity [12]. With the imposed lockdown in place in underdeveloped countries, disadvantaged children endure severe nutritional deficiency and lack of general protection. In the long run, chronic stress may have a detrimental impact on their development. For example, in India, where there are 472 million children, the lockdown has had a massive effect on 40 million children from poor families. [13]. Children working on farms, in rural regions, youngsters of migrants, and street children are among them. A growing proportion of destitute and street children are now without a means of income, making them a vulnerable group who are under tremendous mental stress and stability. In most families, a home is a source of protection and safety. For the impoverished and underprivileged, however, it is the polar opposite. These youngsters are more likely to be exploited and become victims of violence and abuse because to the restriction of movement imposed by lockdown. Since the lockdown began, the Deputy Director of 'CHILDLINE 1098' India said that the number of calls received on the helpline for children in India has increased by 50% [14]. This rise in the rate is concerning, and it has resulted in an increasing number of children becoming victims in their own homes. During the

lockdown, a rising number of disadvantaged families are left without a source of daily wages, causing frustration and powerlessness. Frustration and family conflict may present themselves in the form of violence against children as a result of displacement. This puts the child at risk for sadness, anxiety, and suicide. Children and adolescents may be forced into child labour as a result of school closures combined with economic hardship. Similarly, children who do not have parents or guardians are more vulnerable to exploitation. Many schools have given distance learning or online courses to pupils in order to compensate for the loss of instruction during lockdown. However, disadvantaged children do not have access to this chance, resulting in a lack of stimulation and no access to online resource material to study. According to a study, females in low-income homes have less access to devices than boys, which may limit their participation in digital platforms of education [15-18]. As a result of this gender disparity, a rising number of girls are at risk of dropping out of school after the lockdown is broken.

Effect due to separation from parents and quarantine rules

Infection with COVID-19 manifests itself variably in children and teenagers. Nonetheless, cases of infection in youngsters have been documented all across the world, resulting in children being isolated [10, 19]. Furthermore, a single parent or both parents are frequently afflicted and quarantined. Children are removed from their parents in either situation. To combat the COVID-19 epidemic, many countries have implemented severe quarantine policies. To control the spread of infection, numerous adults, adolescents, and children in China have been placed in total isolation. Despite the fact that quarantining is for the greater good of the community, its psychological impacts cannot be overlooked [8]. Isolated children require special attention since they may be at risk of developing mental health problems as a result of the pain caused by parental separation. Because the role of parents is so important throughout the formative years of a child's life, any interruption in the form of isolation from parents can have long-term consequences for the child's perceived attachment. It has

been discovered that a child's mental health can be jeopardised when they are separated from their primary caretakers. Children may experience despair, worry, dread of dying, fear of losing their parents, and fear of being isolated in the hospital, all of which can negatively impact their psychological development. In children, emotionally bottled-up pain might appear as psychological fear or outwardly exhibited behaviour. They might feel isolated or alone since they lack the education and competence to understand the ramifications of the current epidemic issue in their little community.

Conclusion

Primarily, it is critical to identify those who are at increased risk of psychiatric breakdown by screening the general population and conducting research on the subject. General practitioners and paediatricians, for example, should be trained to recognize the early signs of mental illness, to send patients to psychological or psychiatric services as soon as possible, and to discern between urgent and routine circumstances. Furthermore, national policies should include broad principles for providing early and targeted psychological therapies to this population. Different strategies for online video consultation and different online resource for pyschotherapy counseling can prove beneficial for resolving anxiety and stress-related problems may improve. Furthermore, the government should give planned and evidence-based information through the media to reduce worry and psychological suffering, while avoiding the spread of fake information that could cause mental trauma and social turbulence. Because contradicting information causes increased concern and tension, these updates should be factual and include the number of new cases, the rate of mortality and recovery, as well as recommendations for how to avoid viral transmission. The wearing of a surgical mask and proper hand washing, in example, are simple measures that appear to be linked to lower anxiety levels. In this difficult scenario, the world's leading youth and parenting organizations are intending to provide open-access information to assist parents in developing healthy relationships with their children and avoiding harmful behaviours. To summarise, the

COVID-19 pandemic gives an opportunity to adopt services that will help to mitigate the psychological effects of humanitarian crises, disasters, and epidemics. The information gathered during this time period will be important in developing ways to preserve a healthy mental state and assisting families in caring for their children and adolescents.

Acknowledgement: The author is thankful to the Head of the Institution of Triveni Devi Bhalotia College, Raniganj for providing the necessary support, facilities and motivation. The author also expresses sincere thanks and gratitude to the co-workers and staff of the Post-Graduate Department of Zoology of the College for their constant support and co-operation. A special thanks to the students of the Department of Zoology for their unconditional support and help.

Conflict of Interest: The author has no conflict of interest.

References

1. United Nations Policy Brief: COVID-19 and the Need for Action on Mental Health. <https://unric.org/it/wp-content/uploads/sites/3/2020/05/Policy-Brief-COVID-and-men-tal-health.pdf>, last accessed July 15th, 2020
2. Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, Tol WA. Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. Cochrane Database Syst Rev. 2018;7(7):CD011849. Published 2018 Jul 5. doi:10.1002/14651858.CD011849.pub2
3. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, et al. Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. Int J Environ Res Public Health. 2020;17(5):1729. Published 2020 Mar 6. doi:10.3390/ijerph17051729
4. Biaggi, A., Conroy, S., Pawlby, S., & Pariante, C.M., 2016. Identifying the women at risk of antenatal anxiety and depression: a systematic review. J. Affect. Disord. 191, 62–77. <https://doi.org/10.1016/j.jad.2015.11.014>.
5. Lee, J., 2020. Mental health effects of school closures during COVID-19. Lancet. Child Adolesc. Health, S2352-4642(20)30109-7. [https://doi.org/10.1016/S2352-4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7). PubMed.

6. Oosterhoff, B., Palmer, C.A., Wilson, J., Shook, N., 2020a. Adolescents' motivations to engage in social distancing during the covid-19 pandemic: associations with mental and social health. *J. Adolesc. Health.* PMC. <https://doi.org/10.1016/j.jadohealth.2020.05.004>.
7. Cooper, K. (2020, September 4). Don't let children be the hidden victims of COVID-19 pandemic. <https://www.unicef.org/press-releases/dont-let-children-be-hidden-victims-covid-19-pandemic>.
8. Dalton, L., Rapa, E., Stein, A., 2020. Protecting the psychological health of children through effective communication about COVID-19. *Lancet Child Adolesc. Health* 4 (5), 346–347. [https://doi.org/10.1016/S2352-4642\(20\)30097-3](https://doi.org/10.1016/S2352-4642(20)30097-3).
9. CDC, 2019. Data and statistics on children's mental health | CDC. Centers Dis. Control Prevent. <https://www.cdc.gov/childrensmentalhealth/data.html>
10. Cortese, S., Asherson, P., Sonuga-Barke, E., Banaschewski, T., Brandeis, D., Buitelaar, J., Coghill, D., Daley, D., Danckaerts, M., Dittmann, R.W., Doepfner, M., Ferrin, M., Hollis, C., Holtmann, M., Konofal, E., Lecendreux, M., Santosh, P., Rothenberger, A., Soutullo, C., Simonoff, E., 2020. ADHD management during the COVID-19 pandemic: guidance from the European ADHD guidelines group. *Lancet Child Adolesc. Health.* [https://doi.org/10.1016/S2352-4642\(20\)30110-3](https://doi.org/10.1016/S2352-4642(20)30110-3).
11. Jiao, W.Y., Wang, L.N., Liu, J., Fang, S.F., Jiao, F.Y., Pettoello-Mantovani, M., Somekh, E., 2020. Behavioral and emotional disorders in children during the COVID-19 epidemic. *J. Pediatr.*, S0022-3476(20)30336-X. <https://doi.org/10.1016/j.jpeds.2020.03.013>.
12. Birla, N., 2019. Mental health may hurt India to tune of \$1.03 trillion; here's a dose for cos. *Econ. Times*, India Times online. <https://economictimes.indiatimes.com/magazines/panache/mental-health-may-hurt-india-to-tune-of-1-03-trillion-heres-a-dose-for-cos/articleshow/71045027.cms>.
13. Rosenthal, D.M., Ucci, M., Heys, M., Hayward, A., Lakhanpaul, M., 2020. Impacts of COVID-19 on vulnerable children in temporary accommodation in the UK. *Lancet Public Health* 5 (5), e241–e242. [https://doi.org/10.1016/S2468-2667\(20\)30080-3](https://doi.org/10.1016/S2468-2667(20)30080-3).
14. PTI, 2020. Govt helpline receives 92,000 calls on abuse and violence in 11 days read more at: economic times. India Times. https://economictimes.indiatimes.com/news/politics-and-nation/govt-helpline-receives-92000-calls-on-abuse-and-violence-in-11-days/articleshow/75044722.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

15. UNICEF, 2019. Global population of children 2100. Statista.
[https://www.statista.com/statistics/678737/total-number-of-children-worldwide/.](https://www.statista.com/statistics/678737/total-number-of-children-worldwide/)
16. UNICEF.(2020a).Children with autism and COVID-19. <https://www.unicef.org-serbia/en/children-autism-and-covid-19>.
17. UNICEF. (2020b, April 14). UNICEF. UN News. <https://news.un.org/en/tags/unicef>. United Nations, 2020. Policy brief: the impact of COVID-19 on children. Policy breif]. United Nations 1–17
18. Mukherjee, Bailay, R, Shruvastava, J., 2020. Impact of coronavirus on consumer products: Consumer goods fly off the shelves as coronavirus spreads in India—the economic times [News release]. Econ. Times. <https://economictimes.indiatimes.com/industry/cons-products/fmcg/consumer-goods-fly-off-the-shelves-as-coronavirus-spreads-in-india/articleshow/74644159.cms?from=mdr>
19. Liu, J.J., Bao, Y., Huang, X., Shi, J., Lu, L., 2020. Mental health considerations for children quarantined because of COVID-19. Lancet. Child Adolesc. Health 4 (5), 347–349. [https://doi.org/10.1016/S2352-4642\(20\)30096-1](https://doi.org/10.1016/S2352-4642(20)30096-1).