

CHILDREN AND COVID-19

ADVOCACY BRIEF

Mental health and wellbeing

Mark Tomlinson, Lori Lake, Anusha Lachman, Wendy Vogel, Carla Brown, Zulfa Abrahams and Xanthe Hunt



The COVID-19 pandemic has placed unprecedented stress on children, families, communities, health systems and societies, and intensified inequality. For some, the pandemic has meant a change in lifestyle, some inconvenience and changes in work-life balance. But for the majority of South Africans, the pandemic has been catastrophic with many families facing unemployment, hunger, violence and an uncertain future.

While data are scarce, this advocacy brief outlines the potential implications for child and adolescent mental health, including a projected increase in anxiety, depression and post-traumatic stress. It is therefore essential to make use of all possible resources to create supportive and enabling environments, including efforts to strengthen families and relationships, improve prevention and treatment services, and address the structural drivers of mental ill health.

Like many disasters and crises, COVID-19 has shone a harsh light on inequities both within and between countries, highlighting how racist structures heightened the risk of illness and death, and how health systems were ill prepared to deal with the pandemic¹. All of this is true for South Africa where illness and mortality are disproportionately affecting

poor communities, and where Child and Adolescent Mental Health services were already struggling and under-resourced prior to the pandemic. It is therefore essential to make optimal use of other platforms such as schools and community-based services to mainstream and promote mental health during this period of heightened adversity.

What is the impact of COVID-19 on mental health?

There have been few studies on the mental health of children and adolescents during the pandemic. Much of the data we have comes from studies on the general population and these data show a rise in anxiety with impacts rated as moderate to severe². In a long-term follow up study of children and young people in England in 2020 more than

25% reported sleep disruptions, while almost 20% of children with a probable mental health problem stated that they were fearful of leaving the house because of COVID-19³.

Based on experience of other humanitarian crises and epidemics such as HIV, it is likely that there will be long-term and enduring mental health impacts on children, such

Mental health, mental wellbeing and mental illness

Mental health and illness exist on a continuum. At the one end of the continuum, is mental health where young people feel content, experience joy and "thrive". Others may be coping with their everyday routines, but experience times when they feel worried, anxious or distressed. If these challenges are addressed, then they can continue to thrive. But if young people continue to struggle or experience a sudden negative life change (such as the COVID-19 pandemic) then they may be

pushed into a state of "crisis" where they begin to feel severely anxious or depressed, and are no longer able to cope with daily tasks, and this may culminate in mental disorders (or a clinically significant disturbance in cognition, emotion regulation or behaviour). What is not commonly known is that even mental illness can be experienced on a continuum, with the impact ranging from a mild, time-limited illness to a longstanding, severely disabling condition.

as sleep problems, separation anxiety and aggressiveness⁴. Data from immigration detention centres (perhaps an extreme model of the social isolation that has happened in lockdown) have revealed high levels of mental health problems amongst children such as anxiety, depression and post-traumatic stress⁵.

A continuum of affectedness

The nature and extent of the impact of the pandemic on the mental health of individual children and adolescents depends on their developmental age; educational status; pre-existing mental health conditions and disabilities; socio-economic status; and care arrangements including whether they have a family member or caregiver who was infected or died of COVID-19.

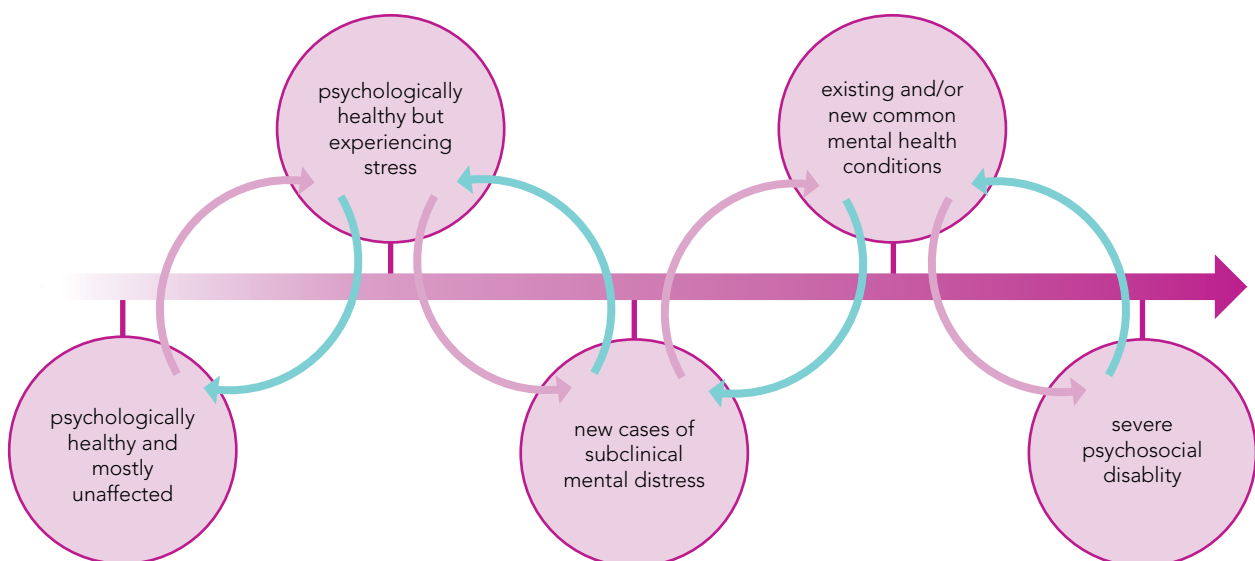
We all respond to stressful situations in different ways. Some people appear to deal with stressful situations 'in their stride' and seem almost to function better than expected in a challenging environment. Others, however, may become withdrawn and emotionally unavailable, or become easily angered leading to violence – often lashing out at those that are most vulnerable such as children. If we conceptualise this on a continuum (see Figure 1) there will be children and adolescents and caregivers at the one end who are mostly unaffected by the pandemic, but as we move along the continuum we will encounter psychologically healthy people who are experiencing stress as a result of COVID and/or lockdown. But even here, many children and adolescents will be quite resilient, have excellent social support from caregivers and family, and have caregivers who are responsive to their changing needs. However, if the stress becomes chronic, they too may begin to experience varying degrees of psychological distress or impairment.

Children and adolescents who have experienced a mental health condition before the pandemic, may feel the effects of the pandemic more acutely and need additional support. Finally, there are people with severe illness who require extensive support to get through this time. Each of these populations along the continuum will need different things. Importantly, people may also move back and forth along the continuum and need different things at different times.

Mental health in children in the time of COVID may present as "patterns of behaviours" that suggest stressful or maladaptive coping mechanisms. These could include sleep problems, irritability, increase in clingy behaviours and anxiety around loss or separation or pre-occupation with rituals of health and wellness. Yet, these behaviours may also be appropriate responses to a stressful situation. Just as it is the case with stress more generally, a low level of stress for a short period of time is a good thing in that it acts as a motivator and allows us to focus and take action. For example, when there is uncertainty, it is "normal" to feel worried or anxious. But if the levels of stress and anxiety become extreme or prolonged, this can become toxic stress,¹ and we need to intervene more specifically.

It is therefore important to know how to distinguish between what is a normal stress response, and at what point parents, family members and teachers need to intervene. The most important way to do this is to know your child, watch for changes in sleep, appetite, behaviour (such as withdrawing from peer group), keep lines of communication open with your child, and ask for help when needed/if you are worried. The pandemic has impacted on children's mental health in different ways. Some impacts are immediate, direct and close to home, while others are more remote/distant indirect.

Figure 1: Continuum of affectedness



Quarantine and social isolation

The long-term mental health impact of quarantine and social isolation remains to be seen. Social distancing measures can result in social isolation in an abusive home, with abuse likely exacerbated during this time of economic uncertainty and stress. Quarantine-related mental health problems may include low mood, irritability, insomnia, anger and emotional exhaustion. Confusion may also be present given lockdowns, school closures, and teachers and learners that become infected. All this contributes to heightened distress. It is also worth noting however that for those children who experience victimization and social isolation at school, lockdown was a blessing in disguise and for a small sub-population of children and adolescents they may have thrived.

Loss of loved ones

Most children have been exposed to loss of some form - loss of school, loss of social connections or the loss of loved ones. For many, these losses have included parents, grandparents or close relatives. In South Africa where many grandparents assume the role of children's primary caregivers – the loss of older family members to COVID-19 has been particularly devastating. The loss or separation from a primary caregiver has a profound impact on child mental health in terms of loss of attachment figures, a safe base from which to explore the world, and heightened anxiety and worry for the future⁶. Underlying this loss is the profound and inevitable grief reactions that children and their caregivers (who themselves may have lost loved ones) have to navigate.

Disruption of schools and ECD programmes

The impact of the pandemic on the education of children and adolescents has been catastrophic. It is estimated that primary school learners will have lost 70 - 100% of learning from March 2020 to July 2021 due to lockdown and staggered days of attendance. This was coupled with a three-fold increase in school dropout with 750 000 children no longer attending school.⁷ Schools are more than just a place where young people learn. For many, schools are a key place of safety and nutrition, as well as a source of support (from both peers and teachers) and strength, including contact with their peers. In addition, the pandemic has disrupted access to trusted teachers and an important component of structure and routine in their lives. On the other hand, some children have welcomed the opportunity to learn at home, including children who are being bullied, and those with neurodevelopmental disorders who find the "busyness" of schools overwhelming. What is evident, is that the closing or disruption of education has again disproportionately affected children. Those who have access to online technological support or parents to facilitate home schooling, have had an advantage compared to those children who are limited in their data connectivity, technological access and adult

supervision of learning. The poorest and most socially disadvantaged of learners will once again bear the brunt of the exclusion.

For many children and adolescents any protracted period of time out of school often means that they will never return to school.⁸ As a result they are then more likely to engage in risky behaviour such as substance use, and more likely to become chronically unemployed with all the attendant mental health implications.

Poverty, hunger and food insecurity

In South Africa, the pandemic has aggravated the already high levels of hunger and food insecurity. An estimated 2.8-million children experienced hunger weekly in South Africa in 2021 and 600 000 children experienced perpetual hunger (hunger every day or almost every day).⁷ As rates of hunger and malnutrition increase so will rates of child stunting with profound implications for child and adolescent cognitive and behavioural trajectories across the life course⁹. While there are limited data on hunger and the mental health of children and adolescents during the pandemic we know that severe hunger in children is associated with internalizing behaviour problems such as depression and anxiety¹⁰. Caregivers of hungry children are more likely to have a history of mental health problems,¹⁰ while food insecurity has been linked to depression,¹¹⁻¹³ anxiety,^{13,14} and suicidal ideation and attempts¹⁵.

Caregivers and the perinatal period

Primary caregivers, mostly women, may also be differentially affected by the widespread closure of schools, as it is women who provide most of the informal care within families¹⁶. Lockdown and school closures limit women's capacity to work and access economic opportunities. Furthermore, and most starkly, international figures as well as evidence from South Africa show that women are experiencing increased victimization and abuse in the home under lockdown¹⁷. Lockdowns and imposed social confinement measures have been particularly challenging for pregnant and post-partum women during the pandemic. In addition to the expected concerns about their own health, risk of infection and transmission of the virus to the baby, changes in perinatal healthcare intended to prevent COVID-19 transmission prevented partners from supporting women during labour and through post-natal visits. Similar concerns were raised in neonatal and paediatric wards, as some hospitals separated infected mothers from their newborn babies, and older children from their caregivers, despite evidence that the presence of a caregiver relieves children's pain and anxiety and improves regulation and the child's prognosis. There is also emerging evidence that children were more likely to have a possible mental health problem if their parent was in psychological distress¹⁸.

What are the recommendations?

There have been several important initiatives to strengthen psychosocial services, yet most have tended to be adult-centric, with a strong focus on addressing the fear, stress and burnout of health workers, teachers and other frontline workers rather than children. This was highlighted recently in a report from the Commissioner of Children for the Western Cape, with child government monitors describing how they were “stripped from seeing friends, teachers, and extended family”; expressing their feelings of loneliness, stress, anxiety; and raising concerns about their lack of support systems, and asking: “When are we going back to school? How do I look after my family? Who can I go to talk to? Who can help me?”

It is therefore essential that we make use of all resources to create supportive and enabling environments that promote mental health and wellbeing, improve treatment of child and adolescent mental disorders, and tackle the structural drivers of mental ill health.

Strengthen family and relationships

- The foundations of mental wellbeing lie in healthy relationships. When children and adolescents are listened to, and their feelings are acknowledged and accepted, then they are likely to experience fewer symptoms of psychological distress.
- All children respond well to the security, safety and love provided by families, and families play a central role in building resilience and helping children cope with adversity. Strengthening families should therefore be a central component of any promotion, prevention or treatment strategy.
- A number of useful resources have been developed to help parents and families support children and adolescents through the COVID-19 pandemic including the *Parenting for Lifelong Health COVID-19 parenting tips* and the *Perinatal Mental Health Project's messages*

for mothers. It is equally important to care for the caregiver, as the wellbeing of parents and caregivers is essential to the mental health of their children.

- Reliable and predictable routines are essential for child and adolescent wellbeing and even more so during lockdown and interrupted schooling.
- Children and adolescents differ markedly in their response to stress and abrupt changes. It is helpful for parents and families to have an intimate knowledge of how their child was doing before the stressor or crisis. An adolescent who is sleeping a lot during the pandemic is only potentially a problem if they were not sleeping a lot prior to the pandemic. Monitoring changes and then taking action is key. Changes in behaviour may also be positive adaptations to an everchanging and uncertain environment.
- Creating the space for children and adolescents to express their emotions is essential. We need to help children manage their anger, disappointment, and sadness. Sometimes parents try to hide their own worries and sadness, but this is not always a good thing. We need to find a balance between protecting children from overwhelming emotions and allowing them to show their feelings at any given moment.
- Parents often try to protect their children from death and loss, by keeping information from them or refusing to speak of somebody who has died.¹⁹ Children and adolescents know what is happening and respond well to honest communication about loss.
- Grief is pervasive for both children and their caregivers, and families need emotional support and opportunities to process their grief and loss, as outlined in a short course developed by PATCHSA to support Grieving Children in the Time of COVID-19 (<https://patchsa.org/>).

Universal, targeted and indicated approaches

The Nurturing Care Framework (NCF) recognises that children and families need three levels of support which should form a seamless continuum of care. The principles of the NCF have been shown to apply through adolescence to mitigate adversities and to enhance resilience of families and children and adolescents. How is this relevant to child and adolescent mental health?

- Universal support focuses on providing information and resources to everyone in a society, for example: parenting tips and social media messages about child and adolescent mental health.

- Targeted support focuses on individuals or communities who are at greater risk of developing problems and who may need additional support, for example, due to poverty, HIV, or pre-existing mental health conditions.
- Indicated support is for individual children and families who need all the support they can get. In a pandemic this might include children who have suffered the loss of a caregiver, children in a violent home, or in the case of a child with a disability.

Avoid the separation of mothers and infants

In many countries, early COVID-19 guidelines prioritised infection control at the expense of maternal, infant and child mental health. Separating mothers and infants early in the post-partum period stresses mothers and infants and is harmful both physically and emotionally. When mothers hold their preterm infants' skin-to-skin in the neonatal intensive care unit, their heart rate, salivary cortisol level, and stress scores decrease²⁰. Mothers and infants should therefore not be separated, and should be kept together to facilitate bonding.

- Connectedness to caregivers, family, friends and community is a fundamental building block of mental wellbeing. Yet many children and adolescents in South Africa are not back at school full time. To help reduce the sense of isolation we need to find innovative ways of using mobile phones and other communication channels to help young people **stay connected**.
- Children and adolescents also need to be able to access information, advice and support independently. **Child- and youth-friendly resources** such as *UNICEF's adolescent-focused tips for mental health* are helpful in encouraging youth to: Get the facts. Know that your anxiety is completely normal. Take care of yourself. Exercise, sleep, eat as well as you are able, have fun and relax, create distractions, find new ways to connect with your friends, and ask for help.

Improve prevention and treatment services

- Child and adolescent **mental health services** should be ringfenced and protected to address both the immediate and long-term mental health impacts of COVID-19. Creative efforts are needed to ensure that social distancing protocols do not prevent children and families from accessing care and support.
- Yet these specialised resources are extremely limited. It is therefore essential to use and **strengthen existing platforms** such as schools, ECD programmes, primary health care facilities and community health workers.
- This includes efforts to **build the capacity of frontline workers** including community health workers and teachers to help children cope with violence, trauma and grief, and to help frontline workers to take care of their own mental health and prevent burnout. (<https://www.unicef.org/documents/caring-caregiver>).
- Schools should also conduct regular needs assessments to identify and **support children in need of care and protection**. Learners who do not return to school should be actively followed up to ensure their mental health and safety, and community-based workers should be linked to schools, clinics and the Department of Social Development to help follow up "missing" children.

Tackle the structural drivers

A common misconception is that mental health difficulties can only be addressed directly with mental health interventions, yet we also need to address the structural drivers from hunger and unemployment, to school dropout and the digital divide.

- For many adolescents, the combination of COVID-19, poor job prospects and growing concerns about the climate crisis has negatively impacted their sense

of hope for the future. Hopelessness is closely tied to the loss of agency in the world as well as to the likelihood of substance use. We therefore need a concerted effort in South Africa to create an enabling environment with adolescents and young people in order to **co-create a future** and with a sense of hope.

- National efforts are needed to encourage school age children to **return to school** – as an extra 500 000 learners have dropped out of school during the pandemic²¹.
- Decisive and urgent action is needed to **'fix' the digital divide** and ensure that all children and adolescents have access to the internet and on-line education
- Anxiety and depression respond well to economic strengthening as it reduces one of the key drivers of familial stress. It is therefore essential to **expand social assistance** to help protect children and families from the effects of widespread unemployment (see the brief on nutrition and food security).
- In a global pandemic fear is ever present. The main site of dealing with this is within the family and school. But Government also has a key role to play in providing reassurance through **clear, regular communication** about what is happening, helping families prepare for different levels of lockdown, addressing fears and concerns, and countering misinformation and vaccine hesitancy.
- Child and adolescent mental health requires a **multi-sectoral response**. We urge the Children's commission to convene a high-level forum of all government departments to co-ordinate strategies and response

What is good for the mental health of children and adolescents is ultimately what is good for societies and putting children at the centre of our efforts to build back fairer and better after the pandemic will be key.

References 1 Lal A, Erondou NA, Heymann DL, Gitahi G, Yates R. Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *Lancet* 2021; 397(10268): 61-7. 2 Wang C, Pan R, Wan X, 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. *International journal of environmental research and public health* 2020; 17(5): 1729. 3 Newlove-Delgado T, McManus S, Sadler K, et al. Child mental health in England before and during the COVID-19 lockdown. *The Lancet Psychiatry* 2021; 8(5): 353-4. 4 Hamiel D, Wolmer L, Pardo-Aviv L, Laor N. Addressing the needs of preschool children in the context of disasters and terrorism: Clinical pictures and moderating factors. *Current psychiatry reports* 2017; 19(7): 1-8. 5 von Werthern M, Robjant K, Chui Z, et al. The impact of immigration detention on mental health: a systematic review. *BMC psychiatry* 2018; 18(1): 1-19. 6 Shonkoff JP, Richter L, van der Gaag J, Bhutta ZA. An integrated scientific framework for child survival and early childhood development. *Pediatrics* 2012; 129(2): e460-e72. 7 NIDS-CRAM WAVE 5 8 Save the Children. Save our Education. London: Save the Children, 2020. 9 Black MM, Walker SP, Fernald LC, et al. Early childhood development coming of age: science through the life course. *The Lancet* 2017; 389(10064): 77-90. 10 Weinreb L, Wehler C, Perloff J, et al. Hunger: its impact on children's health and mental health. *Pediatrics* 2002; 110(4): e41-e. 11 McIntyre L, Williams JV, Lavorato DH, Patten S. Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of affective disorders* 2013; 150(1): 123-9. 12 Huddlestone-Casas C, Charnigo R, Simmons LA. Food insecurity and maternal depression in rural, low-income families: a longitudinal investigation. *Public health nutrition* 2009; 12(8): 1133-40. 13 Hadley C, Patil CL. Food insecurity in rural Tanzania is associated with maternal anxiety and depression. *American Journal of Human Biology: The Official Journal of the Human Biology Association* 2006; 18(3): 359-68. 14 Whitaker RC, Phillips SM, Orzol SM. Food insecurity and the risks of depression and anxiety in mothers and behavior problems in their preschool-aged children. *Pediatrics* 2006; 118(3): e859-e68. 15 Koyanagi A, Stubbs B, Oh H, et al. Food insecurity (hunger) and suicide attempts among 179,771 adolescents attending school from 9 high-income, 31 middle-income, and 4 low-income countries: A cross-sectional study. *Journal of affective disorders* 2019; 248: 91-8. 16 Wenham C, Smith J, Morgan R, Gender, Group C-W. COVID-19: the gendered impacts of the outbreak. *Lancet* 2020; 395(10227): 846-8. 17 Usher K, Bhullar N, Durkin J, Gyamfi N, Jackson D. Family violence and COVID-19: Increased vulnerability and reduced options for support. *Int J Ment Health Nurs* 2020; 29(4): 549-52. 18 Newlove-Delgado T, McManus S, Sadler K, et al. Child mental health in England before and during the COVID-19 lockdown. *Lancet Psychiatry* 2021; 8(5): 353-4. 19 Western Cape Commissioner for Children. Child Government Monitors: Reflections of 2020 engagements and achievements. Cape Town: Office of the Western Cape Commissioner for Children; 2021. 20 Stuebe A. Should infants be separated from mothers with COVID-19? First, do no harm. *Breastfeeding Medicine* 2020; 15(5): 351-2. 21 Shepherd D, Mohohlwane N. Changes in education: A reflection on COVID-19 effects over a year. Cape Town: Stellenbosch University, 2021.

This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and similar crises.

Suggested citation: Tomlinson M, Lake L, Lachman A, Vogel W, Brown C, Abrahams Z & Hunt X. Mental health and wellbeing. In: Lake L, Shung-King M, Delany A & Hendricks M (eds) Children and COVID-19 advocacy brief series. Cape Town: Children's Institute, University of Cape Town. 2021.

For more information: contact Mark Tomlinson at markt@sun.ac.za markt@sun.ac.za

© Children's Institute University of Cape Town

46 Sawkins Road, Rondebosch, 7700, South Africa | +27 650 1473 | info@ci.uct.ac.za | www.ci.uct.ac.za

The series is published by the Children's Institute in partnership with the Children's Hospital Trust and Michael & Susan Dell Foundation.

Design: Mandy Lake-Digby

