The Mental Health Toll of COVID-19 on Children and Families

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December 2019: an outbreak of a novel coronavirus pneumonia occurred in Wuhan, China

May 2020: 4,354,799 cases globally - 293,134 deaths
  - US 292,971 cases - 82,380 deaths
COVID-19: unprecedented effect on mental health systems around the world

- Speed and extend of its impact, unknown treatment
  - High levels of distress around
    - possibility of infection (self, loved ones)
    - measures for prevention of infection (business, agency and school closures; social distancing/quarantine/isolation) and
    - impact of infection on economy and livelihood
- Need of transfer of whole mental health service networks from in-person to online or mobile health
- For the first time during a disaster, mental health has been explicitly identified as a priority
Positive unintended consequences on the pandemic on mental health systems reform

- Given climate change, epidemics, and global increases in forcible displacement, violence, and state fragility:
  - It is important to have flexible and versatile systems of mental health care
  - Capacity for remote care and monitoring
  - Community-based, where community gatekeepers (community leaders, lay health workers, and religious leaders, teachers, persons with lived experience, etc) play a central role

- There are discussions in families and communities about mental health (demand for information, resources, offers for volunteering)
WHO Mental Health Action Plan (2013-2020)

- Adopted by the 66th World Health Assembly

- Provides a framework for strengthening capacities in countries to address the mental health needs of children and adolescents to:
  - Strengthen **advocacy, leadership and governance** for child and adolescent mental health;
  - Provide comprehensive, integrated and responsive mental health and social care services in **community-based settings** for early recognition and evidence-based management of childhood mental disorders;
  - Implement strategies for **promotion** of psychosocial well-being, **prevention** of mental disorders and promotion of **human rights** of young people with mental disorders;
  - Strengthen **information systems, evidence and research**.
Bronfenbrenner’s Social Ecological System (1979); Betancourt et al, 2008
Impact of COVID-19 on mental health of children

- **Neurobiological effect of SARS-COV-2:**
  - Inflammation (cytokines) and respiratory symptoms can increase risk for depression, anxiety, suicidality (Majd et al, 2020)

- **Social distancing, isolation, confinement:**
  - Survey of 1,784 children (grades 2-6) in home confinement during COVID in Hubei, China: 22.6% depression symptoms (compared to 17.2% population before), and 18.9% anxiety (Xiuyuan X, et al, 2020)
Impact of COVID-19 on mental health of children

- Increase in domestic violence/abuse/exploitation:
  - Jianli County in Hubei 3x more reports of domestic violence to the police during the lockdown in February, from 47 last year to 162 this year.
  - Increased rates of child abuse, neglect, and exploitation during the Ebola outbreak in west Africa from 2014 to 2016 (Lee, J, 2020).

- Losses: of loved ones, resources, parental employment and livelihood
  - Loved ones die alone at the hospital, no rituals and communal support
  - Loss of resources, family income and daily stressors have a large impact on ability to adapt to adversity (Rasmussen et al, 2010)
Impact of COVID-19 on mental health of children

- Disturbance of schooling, daily routines, physical activities
  - Schools have been suspended in 188 countries.
  - UNESCO: 90% of enrolled learners (1.5 billion young people) are now out of education.
  - When out of school children are physically less active, have more screen time, irregular sleep patterns, and poorer diets, resulting in weight gain and a loss of cardiorespiratory fitness (Lee, J. 2020)

- Deterioration of parental mental health
  - When mother is depressed, child and adolescent’s internalizing and externalizing problems increase (Weissman, et al, 2006)
Impact of maternal depression remission on child outcomes

- **In the US:** improvement in maternal depression resulted in significant improvement of both internalizing and externalizing symptoms in children (Weissman et al., 2006; Pilowsky et al., 2008; Swartz et al., 2008; Weissman et al., 2015)

- **In Pakistan:** improvement of maternal depression improved infant medical outcomes; increased mother-infant play time (attachment); increased contraception usage (Rahman et al., 2007)

- **In Refugee families from MENA in Sweden:** Children are less likely to develop PTSD and have more positive outcomes when the parents are not traumatized (Daud, et al., 2008)
Disruptions in normal functioning

- Chronic 5-30%
- Delayed 0-15%
- Recovery 15-25%
- Resilience 35-65%

Key principle: multi-layered coordinated responses

Social considerations in basic services and security

- Advocacy for basic services that are safe, socially appropriate and protect dignity

Strengthening community and family supports

- Activating social networks
  - Communal traditional supports
    - Supportive child-friendly spaces

Focused (person-to-person) non-specialised supports

- Basic mental health care by PHC doctors
  - Basic emotional and practical support by community workers

Specialised services

- Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist etc)
Evidence-based strategies to buffer the effects of adversity in children

- Improving caregiver mental health
- Increasing positive reinforcement levels at home
- De-escalate conflicts that can erupt out of control
- Identify other adults who can step in and assist
- Create a frame to understand impact of stress ("fight or flight" leading to irritability)
Evidence-based strategies to buffer the effects of adversity in children

- Increase connection and communication skills (write letters to friends, relatives)
- Establish daily routines and adequate sleep
- Reduce unnecessary information about the disaster
- Increase physical activity (ask the kid to dance for you, put together a show/play)
Evidence-based strategies to buffer the effects of adversity in children (system level)

- Identify and plan outreach to high-risk groups
  - Children/parents with pre-existing mental conditions or disabilities, families who are grieving, or have to isolate for a long time, history of domestic violence/child abuse, etc
- Build mental health capacity using task-sharing
- Strengthen mental health in primary care and community settings
- Support community initiatives that strengthen families
Collaboration with WHO

2016:
- Group IPT Manual launched by the WHO, Geneva, October 11th, World Mental Health Day
  *Verdeli, Clougherty and Weissman.

2017:
- IPC for Primary Care, WHO MENA Region
  *Weissman, Verdeli and Khalid Saeed.
THANK YOU
Developmental manifestations of post-traumatic distress in youth

- In preschoolers, post-traumatic symptoms include social withdraw, anxiety, and regressive behaviors.

- School-aged children experience poor concentration, sleep disturbance, flashbacks, startle responses, and conduct problems.

- In adolescence, post-traumatic symptoms include aggression, nightmares and sleep disturbance, delinquency, and guilt over one's own survival.

- All age ranges report feelings of guilt, sadness, fear, and anger. Occasionally bedwetting and convulsions, rarely psychosis.

(Thomas & Lau, 2002; Gerson & Rapaport, 2012)