

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

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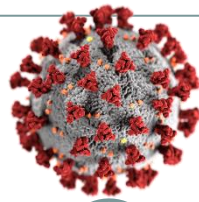
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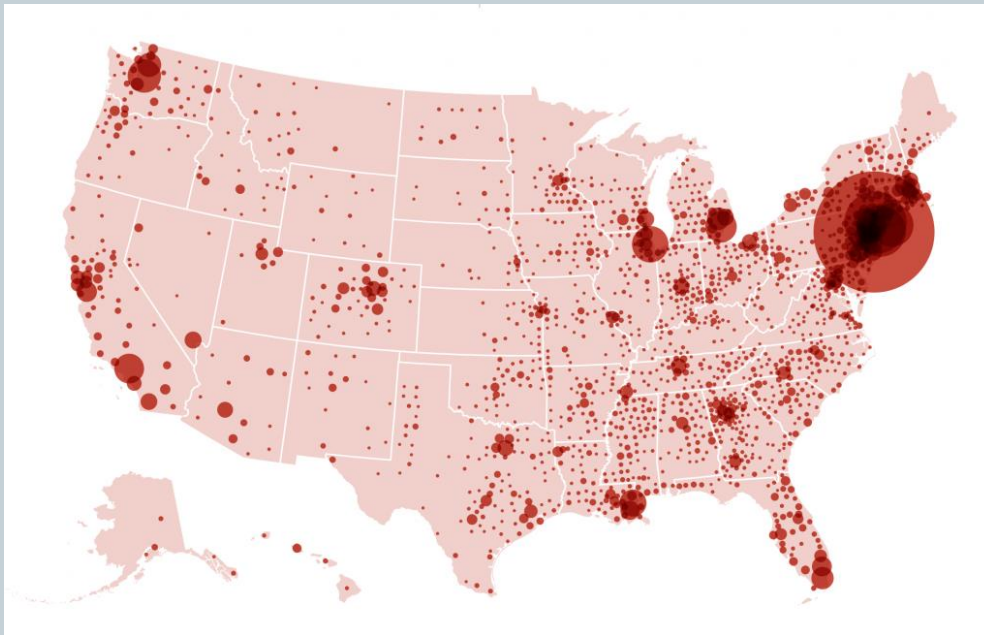
# GMH Lab: Where We Work





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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

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- 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

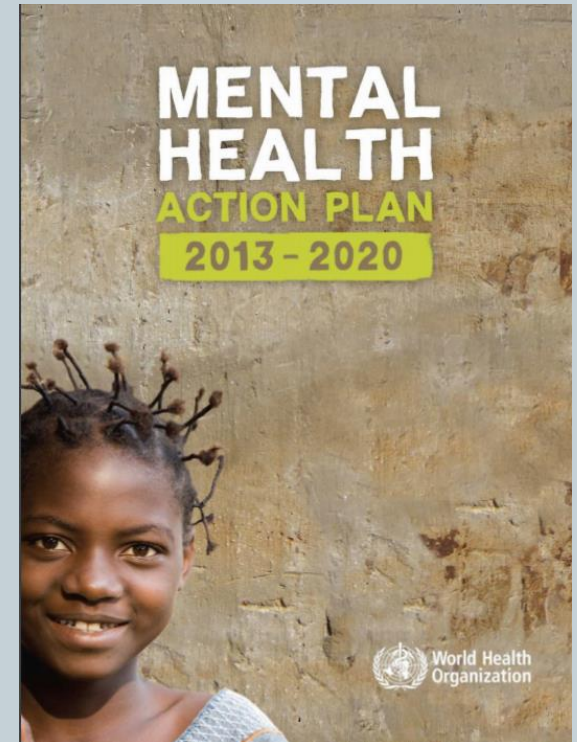
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- Given climate change, epidemics, and global increases in forcible displacement, violence, and state fragility:
  - It is important to have flexible and versatile systems of mental health care
  - Capacity for remote care and monitoring
  - Community-based, where community gate-keepers (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)

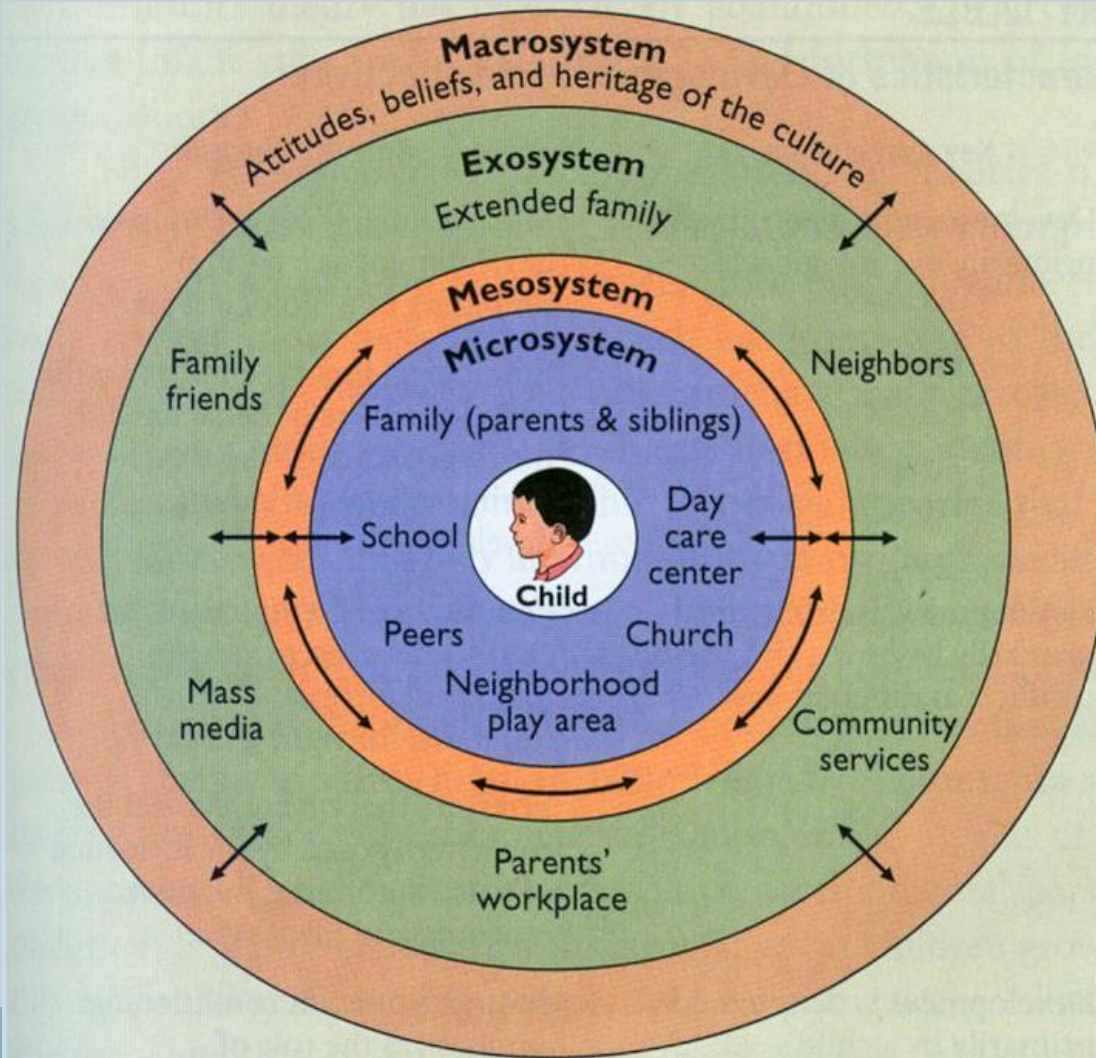
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- Adopted by the 66th World Health Assembly
- Provides a framework for strengthening capacities in countries to address the mental health needs of children and adolescents to:
  - Strengthen **advocacy, leadership and governance** for child and adolescent 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

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# Impact of COVID-19 on mental health of children

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- 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

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- 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

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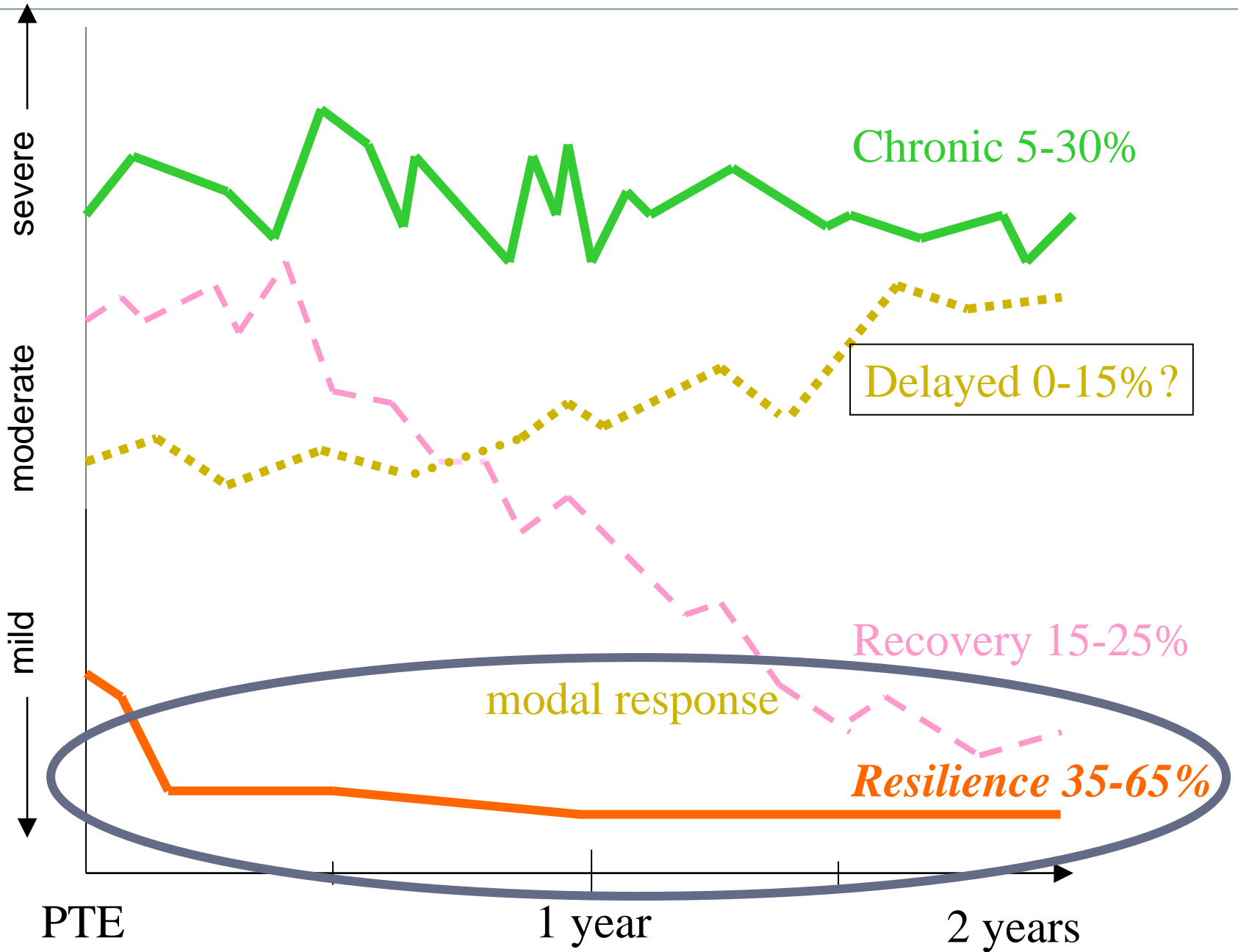
- Disturbance of schooling, daily routines, physical activities
  - Schools have been suspended in 188 countries.
  - UNESCO: 90% of enrolled learners (1.5 billion young people) are now out of education.
  - When out of school children are physically less active, have more screen time, irregular sleep 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**



# Key principle: multi-layered coordinated responses

Examples:

Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist etc)

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

Activating social networks  
Communal traditional supports  
Supportive child-friendly spaces

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

Specialised services

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

Strengthening community and family supports

Social considerations in basic services and security

# Evidence-based strategies to buffer the effects of adversity in children

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- 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

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- 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)
- Mindfulness/Relaxation
- Religion/Spirituality

# Evidence-based strategies to buffer the effects of adversity in children (system level)

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- 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

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## 2016:

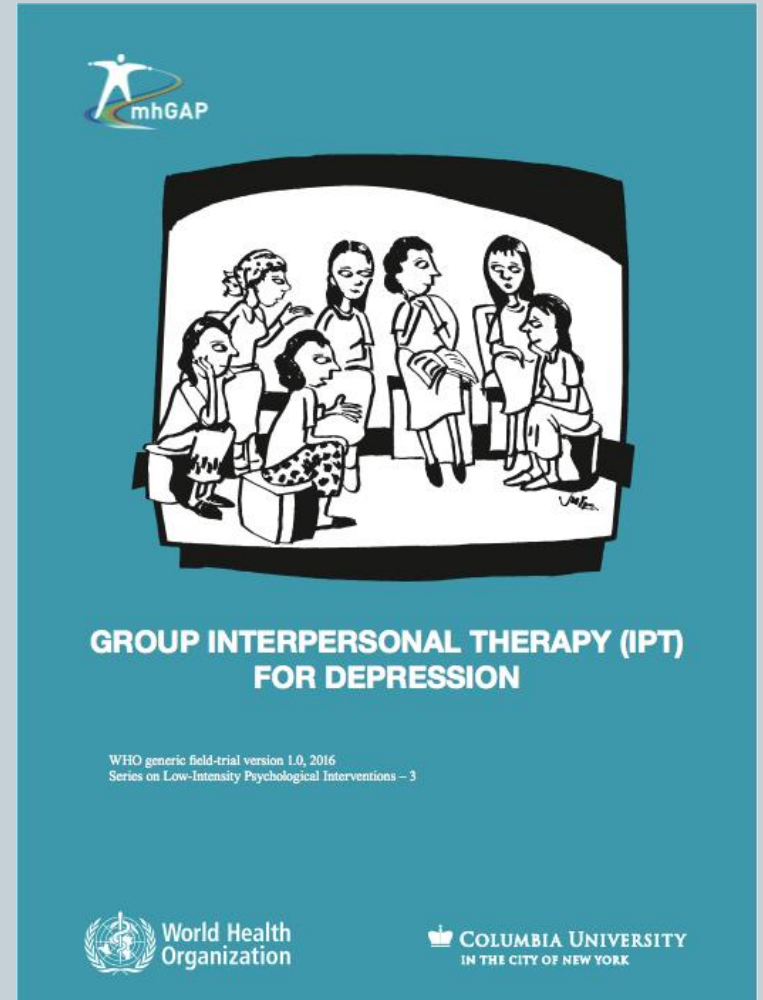
- Group IPT Manual launched by the WHO, Geneva, October 11<sup>th</sup>, World Mental Health Day

*\*Verdeli, Clougherty and Weissman.*

## 2017:

- IPC for Primary Care, WHO MENA Region

*\*Weissman, Verdeli and Khalid Saeed.*



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**THANK YOU**

# Developmental manifestations of post-traumatic distress in youth

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- 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) )

