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COVID-19 and children's mental health

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The COVID-19 pandemic has brought anxiety and fear to children across the globe. These factors have been compounded by social isolation, which has had a negative impact on children's mental health. For example, a recent international review reported depressive symptoms increased by a median of 28% among children aged 9-18 in the first 6 months of the COVID-19 pandemic¹. Importantly, the pandemic has highlighted and exacerbated social and economic inequalities, therefore widening inequalities in mental health.

It is predicted that 725 million children globally could be living in monetary poor households in 2021, an increase from 582 million in 2019². Poverty is a risk factor for poorer mental health, and poor mental health is a risk for lower economic prospects. To tackle mental health problems, policies tackling poverty are necessary, and meeting children's basic needs (including education), must be a priority. An example could be providing emergency funding to provide basic supplies including food, water, sanitation, a safe place to live, education, and access to health care. Caregivers and parents of children also need to be provided with income, training and community support to be able to provide for their children. In particular, groups at higher risk of poverty and by extension poor mental health need to be targeted. Overall, if children do not have the necessities needed to live, mental health policies and programs will fail to make a difference to those at the highest risk.

A key component of strategies to address inequalities and promote mental health requires policies to address the effects of COVID-19 related school closures. In October 2020, since the start of the pandemic, schoolchildren in low-and-middle-income countries had lost approximately four months of schooling, compared to an average of six weeks among high-income countries³. This is indeed worrying since children with lower levels of education are more likely to be in poverty and have poorer mental health⁴. Inclusive and accessible methods of distance learning need to target marginalised children. Governments should prioritise getting children back to school, targeting children at risk of dropping out. Moreover, learning through play should also be encouraged to develop positive social skills, develop impulse control and provide stress relief. Schools also have the ability to effectively offer support to students with poor mental health. One example could be providing teachers with mental health first aid training. Overall, future education policies need to lay the foundations for economic empowerment for all children, integrated with emotional and social learning and support.

It is not only the school environment which shapes children's mental health. The growing influence and use of digital platforms has been a key driver in how children have experienced the COVID-19 pandemic. Although the internet has provided children with the opportunity to connect with friends and family (and to continue with their education), the pandemic has further exposed and compounded problems associated with an online world. Firstly, internet access is not equal. Children in low-income countries, and in lower socioeconomic groups, may be unable to access the internet, and therefore may be excluded from the support offered by online platforms. In Western Europe and North America less than 15% of children have no internet access at home, compared to 80% in Sub-Saharan Africa³. Secondly, there could be mental health implications of increasing social media use as a substitute for social interactions.

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Evidence shows excessive social media usage is associated with a higher risk of depression, anxiety, and poorer self-esteem among children⁵. Furthermore, screen time can displace physical activity and disturb sleep patterns, both of which can be detrimental to children's mental health. Both children and their carers should be educated on balanced healthy internet habits, how to enable parental controls, and how to monitor screen time.

Overall, COVID-19 has highlighted and exacerbated risks for mental health among children. Poverty and structural inequities have shaped how different population groups have experienced the pandemic. Internet use has accelerated, and the increasing role of online platforms has been both beneficial and detrimental to mental health and inequalities. Promoting mental health will require policies to address inequalities in income and resources, programs to empower and educate children in managing their own mental health, and expanding accessible services for children who need professional mental health support.

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