The Mental Health of Children during the Pandemic

Sunny Sidhu, MacEwan University

Introduction

Declining mental health, as an overall issue that is acknowledged by society, can be seen as having made tremendous strides from its past, a past in which it was swept under the rug rather than confronted head on. Ultimately, nowadays there is an inner acceptance that mental health is a real phenomenon and something that cannot be ignored. However, one should not confuse themselves, the acceptance of the existence of mental health and its decline does not necessarily guarantee that this very issue will not be stigmatized. And, in the case of children, this rings especially true, as will be explored later within this commentary. Anyhow, as one may have already assumed, the focus of this piece is to develop a better understanding of mental health among children; yet, to one’s dismay, the essence of this piece cannot hope to encompass such a broad topic as mental health, not all of its facets, anyways. Thus, this commentary will endeavour instead to focus on aspects that reflect children’s mental health, these aspects being specifically, depression, and anxiety. It has already been extensively proven that mental health has been declining for children within the recent century, and this is reflected within research. According to Gray (2011), “anxiety and depression scores, as well as various other indices of psychological disorder, have increased continually and dramatically from about 1950 to the present in children” (p. 448). Knowing that this has already been confirmed, this piece much rather hopes to dive into mental health from a different context: the Coronavirus pandemic. This pandemic, which officially began in 2019, was a worldwide event that affected many features of social life and, as this piece will attempt to argue, can be considered a phenomenon that was able to further destabilize mental health among children. Furthermore, I hypothesize that among children who were already recorded as being diagnosed with preexisting psychopathologies, their mental health decline was further exacerbated by either the pandemic or other events that were directly begotten by this pandemic. Consequently, this piece will also hope to at the very least, discuss what this means for the future of children’s mental health.

Literature Review

Children’s mental health as a topic is unfortunately too broad for the scopes of this
Sidhu commentary, as touched upon previously. Yet, before this assertion is made, one must understand what comprises and determines children’s mental health, partially because context matters, but also because by better understanding the aspects that determine mental health allows for a baseline to develop when later comparing this previous level of mental health against the mental health decline that is hypothesized as being begotten by the pandemic. Therefore, within this commentary, mental health when defined, falls in line with the definition that is offered by Galderisi and her colleagues (2015), in which they opt to form a new definition that is drafted in order to “overcome perspectives based on ideal norms or hedonic and eudaimonic theoretical traditions” (p.232). In simpler terms, the newer definition is brought into existence because Galderisi and her colleagues (2015) believe that the current definition, as purported by the World Health Organization, is a definition that “raises several concerns and lends itself to potential misunderstandings” (p. 231). Therefore, the definition expounded by Galderisi et.al. (2015) is the very same that this piece will attempt to use when discussing children’s mental health:

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (pp. 231–232).

Various Aspects of Mental Health

With the cognizance of mental health being an internal state of equilibrium, it is much easier to understand using similar terms what really constitutes a deteriorating state of mental health. Logically speaking, if mental health is an internal equilibrium then it follows that an individual with poor mental health is an individual that does not have internal equilibrium; the farther this individual is from internal equilibrium, the worse off their mental health probably is. Unfortunately, the mental health of individuals cannot be measured so readily, as such a direct manner of intrusion within the internal mind of the individual is a sanctity that cannot be breached by those who exist outside of it, either by the limits of technology or by the limits of our morals. However, this does not mean that mental health cannot be measured indirectly. In particular, children’s mental health is measured using self-report measures. These self-report measures, as denoted by their name, are psychometrically sound tools that allow for the mental health of a child to be reported by the child in question and then ascertained by a medical health professional (Deighton et.al., 2014). To continue, these self-report measures essentially look for various indicators of inadequate mental health as oftentimes the presence of these indicators in a child are considered significant as they essentially denote that the child does not have an internal state of equilibrium, which can lead to the unhealthy manifestation of social and cognitive processes. For
the purposes of this piece, as mentioned earlier, anxiety and depression within children will be analyzed and understood and will serve as these indicators, in an effort to ultimately elucidate how there has been a decrease in the mental health of children following the COVID-19 pandemic.

Beginning with anxiety, Poppleton et al. (2019) define it as the “physiological state of fear, unease or apprehension experienced by an individual in the face of an uncertain outcome” (p. 635). Depression, on the other hand, like anxiety is one of the most common diagnoses among children (Mills & Baker, 2016, p. 524). Depression is noted as being quite difficult to properly diagnose and this is why Mills and Baker (2016) claim its presence is often missed in children (p. 529). Furthermore, they also assert that the manner in which depression manifests itself such as, “decreased self-esteem, reduced capacity for fun, irritable and low mood, social withdrawal, impaired relationship building and worsening school performance” (p. 524) share overlap with other common psychiatric disorders, ultimately making the diagnoses of depression that much harder within children (Mills and Baker, 2016, p. 526). What can and should be understood about these indicators is that they not only serve to denote an unhealthy mind but can also arise as a result of an unhealthy mind. That is to say, they either develop because of deteriorated mental health or directly lead to it. But for the purposes of this commentary, this causal distinction will not need to be demarcated; rather, it is simply enough to understand that anxiety and depression will be looked at with the assumption that they inherently signify a deterioration of mental health.

**How the Pandemic has Deteriorated the Mental Health of Children**

The Coronavirus pandemic that began in 2019 was, as this commentary hopes to establish, an event that allowed for the deterioration of children’s mental health as well as the exacerbation of preexisting psychopathologies. Specifically, as according to an article by Fegert et al. it is the isolation and contact restrictions that arose as a result of the pandemic that can be argued as weakening the mental health of children (2020). Furthermore, Fegert et al. argue that the “consequences of the pandemic can hit every child.” however, it should also be noted that “there are several indicators that children who are already disadvantaged are at highest risk” (2020, p.5). Knowing this, why is it that isolation and contact restrictions generate the deterioration of mental health in children? Simply speaking, it can partially be attributed to the fact that anxiety or anxiety-like symptoms become further exacerbated with increased screen time and use of social media. This may at first glance seem unrelated, but screen time and social media arose during the pandemic (Pandya & Lodha, 2021). When this is allowed into consideration, logically it can be concluded that the pandemic increases anxiety as well as anxiety-like symptoms because it has created an environment that forces children into increasing their screen time and social media usage. As a result, their mental health then deteriorates through this specific aspect. As a further note, one may make the argument that screen time and social media usage may have been used as a form of distraction from the issues that arose as a result of the Coronavirus pandemic, but this too is problematic. According to Poppleton et al., “[digital] distraction from symptoms of anxiety or distress [have] been linked with avoidance of emotional experience rather than learning emotional regulation” (2019, p. 640). Referring back to the definition of mental health being an internal state of equilibrium, one of the key tenets to achieving this equilibrium is meaningful
emotional regulation (Galderisi et al., 2015, pp. 231–232). And thus, it seems to be the case that avoidance will only seek to inhibit the child’s development, and as a result, hinder them from having a healthy state of mind.

Another reason why the pandemic is considered so insidious when it comes to the breaking down of children’s mental health is because the pandemic has forced children away from physically attending school. Hoover and Bostic (2021) postulate that school is so important because it does not only serve as an area for the social development of a child but rather is an optimal setting for identifying and managing mental health within children. Furthermore, this importance cannot be understated as the removal of school as a site for managing and identifying mental health, has deteriorated the mental health of children, and even more so to those children that can be considered as being an at-risk demographic. For example, Miranda et al. (2020) postulate that children that belong to a lower socioeconomic background may be more adversely affected by school closures. In cases like this, these children may be even more dependent on what these schools provide them, such as meals or mental health resources; thus, when school as a physical institution is removed from their lives, it serves to degrade their mental health to a greater extent than their better-off peers (Miranda et al., 2020).

Stigma and the Lasting Effects of Mental Health Deterioration within Children

Stigma, according to Goffman (1964), is the process of attributing a deeply discrediting quality to an individual, ultimately resulting in reducing the stigmatized individual in question from a being that has their own agency to a maligned and blemished thing. In the case of children, this is deeply concerning as stigma serves as a force that allows for the treatment and then subsequent restoration of internal equilibrium within an individual to be disregarded due to the potential social ramifications the stereotypes of poor mental health may hold over the individual in question. Furthermore, when stigma is concerned around children’s mental health, it also complicates the preexisting understandings of stigma. For example, Perry et al. (2007) found that in the case of depression within children, there was “[more] recognition of the problem” yet, at the same time there was a “greater prejudice regarding some treatment and community responses” (pp. 634–635). As the facts dictate, “[most] children […] with mental disorders do not seek or do not receive the services they need” when it comes to seeking adequate mental health aid. This is due to the fact that the social stigma or, at the very least, the fear of the social stigma is rooted too deeply within the child in question (Burgić & Radmanović, 2017, p. 908). With all this in mind, one should realize that the pandemic itself, aside from deteriorating the mental health of children, also serves as cutting off children from the mental health treatment they deserve. And for the sake of argument, even if this treatment was not cut off from being accessed by children, the stigma associated with poor mental health and its corresponding psychopathologies is a detriment that must first be altered in order to reintroduce some semblance of adequate mental health within the lives of these children.
Conclusion

Summarily, in terms of statistics, it can be seen that depressive and anxiety symptoms within children have drastically risen roughly by twenty-five percent since the beginning of the pandemic (Racine et al., 2021). As this commentary had initially hypothesized, the argument for why the pandemic deteriorated the mental health of children has been adequately provided. Furthermore, children who were in the possession of existing psychopathologies have been proven as being more susceptible to poorer mental health. By utilizing the definition of mental health provided earlier within this piece, it can be visualized that it is not only children that suffer from preexisting mental health conditions that can be considered a susceptible demographic, but also those that belong to a lower socioeconomic status. The importance of school as a physical institution cannot be underestimated whatsoever as this institution is also one of the primary locations where children manage their mental health. Thus, this piece provides two reasons as to why the pandemic is able to reduce the quality of a child’s mental health. First, the pandemic has isolated children and forced them to utilize social media and increase screen time as an unhealthy means of coping. Secondly, as mentioned earlier, the pandemic has removed the physical institution of a school, supplementing it with a digital equivalent. It seems to be the case that society, as a whole, has drastically underestimated the physical space that school exists within the life of a child. Anyhow, by examining how anxiety and depression have been manifested and exacerbated during the pandemic, this piece hopes to bring a modicum of attention to the issues plaguing the minds of children today. Ultimately, even if the pandemic returns a semblance of normalcy within the lives of children, they also will face a social stigma. And thus, as a final note, this commentary hopes to shed light on how a return to pre-pandemic conditions itself will still be troublesome for children. Only by removing this stigma from society as a whole can a mass rebalancing of the internal equilibrium that is children's mental health be made possible.
References

Burgić, S., & Radmanović, M. B. (2017). Stigma and Mental Disorders in Developmental Age. *Psychiatria Danubina*, 29, 906–909. https://doi.org/https://europepmc.org/article/med/29283988

Deighton, J., Croudace, T., Fonagy, P., Brown, J., Patalay, P., & Wolpert, M. (2014). Measuring mental health and wellbeing outcomes for children and adolescents to inform practice and policy: A review of child self-report measures. *Child and Adolescent Psychiatry and Mental Health*, 8(1), 1–14. https://doi.org/10.1186/1753-2000-8-14

Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(1), 1–11. https://doi.org/10.1186/s13034-020-00329-3

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231–233. https://doi.org/10.1002/wps.20231

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Penguin.

Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and Adolescent Mental Health System. *Psychiatric Services*, 72(1), 37–48. https://doi.org/10.1177/175573801900575

Marques de Miranda, D., da Silva Athanasio, B., Sena Oliveira, A. C., & Simoes-e-Silva, A. C. (2020). How is covid-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction*, 51, 1–8. https://doi.org/10.1016/j.ijdrr.2020.101845

Mills, S. E., & Baker, L. D. (2016). Childhood depression. *InnovAiT: Education and Inspiration for General Practice*, 9(9), 524–530. https://doi.org/10.1177/1755738016658676

Pandya, A., & Lodha, P. (2021). Social connectedness, excessive screen time during COVID-19 and mental health: A review of current evidence. *Frontiers in Human Dynamics*, 3, 1–9. https://doi.org/10.3389/fhumd.2021.684137

Perry, B. L., Pescosolido, B. A., Martin, J. K., McLeod, J. D., & Jensen, P. S. (2007). Comparison of public attributions, attitudes, and stigma in regard to depression among children and adults. *Psychiatric Services*, 58(5), 632–635. https://doi.org/10.1176/ps.2007.58.5.632

Poppleton, A., Ramkission, R., & Ali, S. (2019). Anxiety in children and adolescents. *InnovAiT: Education and Inspiration for General Practice*, 12(11), 635–642. https://doi.org/10.1177/1755738019869182

Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19. *JAMA Pediatrics*, 175(11), 1142–1150. https://doi.org/10.1001/jamapediatrics.2021.2482