**Research**

**During and after COVID-19, anxiety and depression will increase: Study**

By Alison Knopf

Based on prior research on isolation and loneliness, children and adolescents are more likely to have high rates of depression, and, probably, anxiety, even after the enforced isolation resulting from the COVID-19 pandemic ends, according to a study published in the *Journal of the American Academy of Child and Adolescent Psychiatry*. The longer enforced isolation continues, the greater the possibility of an increase in these disorders. The message to clinicians is that preventive and early intervention services should be offered where possible now, and that they should be prepared for these increases in the future.

It is known that for adults, the duration of quarantine, infection fears, boredom, frustration, lack of necessary supplies, lack of information, financial loss, and stigma increase the risk of negative psychological outcomes. For children and adolescents, social distancing and school closures further increase these problems at a time of life when they are already at a higher risk of developing mental illness.

Social isolation isn’t necessarily the same as loneliness, the researchers point out in background material, but early reports indicate that more than a third of adolescents and almost half of 18–24-year-olds are lonely during lockdown. “Loneliness is the painful emotional experience of a discrepancy between actual and desired social contact,” the researchers note, adding that “there are well established links between loneliness and mental health.”

For the study, the researchers investigated what is known about the connection between loneliness and mental health problems in healthy children and adolescents, and what is known about whether quarantine, social isolation, and other disease-containment efforts predict future mental health problems.

### Study methods

The researchers looked for all articles published from Jan. 1, 1946, to March 29, 2020, capturing in their search “children” or “adolescents” AND “quarantine” or “social isolation” or “loneliness” AND “mental health,” with a focus on the most common mental health problems in this age group: depression and anxiety. All participants had experienced social isolation or loneliness and had a valid assessment of depression, anxiety, trauma, obsessive compulsive disorder, mental health, or mental well-being.

The researchers synthesized the data within four categories:

- the impact of loneliness on mental health in healthy populations, further divided into:
  - cross-sectional and longitudinal evidence,
  - pandemic-specific findings, and
  - intervention studies.

### Results

Of the 83 articles the researchers found, 63 were on the impact of social isolation and loneliness on the mental health of previously healthy children and adolescents (n = 51,576; mean age: 15.3); 61 studies were observational, 18 were longitudinal, and 43 were cross-sectional studies assessing self-reported loneliness in healthy children and adolescents. Only one study was a retrospective investigation after a pandemic. Studies had a high risk of bias.

Social isolation and loneliness increased the risk of depression, and possibly anxiety. The symptoms occurred at the time loneliness was measured, and also from a quarter of a year to 9 years later. The duration of the loneliness was more strongly correlated with symptoms than the intensity of the loneliness.

### Implications

The strongest association between loneliness related to isolation and mental illness was depression, a finding that was consistent across studies of children, adolescents, and young adults. Loneliness was more strongly associated with elevated depression symptoms in girls and with elevated social anxiety in boys.

The duration of loneliness is a predictor of future mental health problems, the researchers found, noting that this is particularly relevant during COVID-19 with countries considering how long schools should be closed, and how to implement social distancing in schools.

The one study that examined mental health problems after enforced isolation and quarantine in previous pandemics found that children who had experienced isolation or quarantine were five times more likely to require mental health services and higher levels of post-traumatic stress. “This suggests that the current social distancing measures enforced on children because of COVID-19 could lead to an increase in mental health problems, as well as possible post-traumatic stress,” the researchers write. These results, they add, are consistent with unpublished, preliminary data coming from China, where children ages 3 to 18 years are showing manifestations of anxiety, including “clinginess, distraction, fear of asking questions about the pandemic, and irritability.”

Young people need their peer group for identity and support, so they may be more likely to experience loneliness as an unintended consequence of disease-containment measures. “This propensity to experience loneliness may make young people particularly vulnerable to loneliness in the COVID-19 context, which, based on our findings, may further exacerbate the mental health impacts of the disease containment measures,” the researchers write.

### Limitations

Not all of the studies involved enforced isolation, and none were in the context of a dangerous health threat, limiting the extent to which the researchers can extrapolate their findings in a predictive manner, they admit.

Measures such as the Loneliness and Aloneness Scale for Children and Adolescents that assess the duration and the intensity of loneliness, and that separate peer-related loneliness from parent-related loneliness, would be elucidating, the researchers write.

The review was conducted rapidly — in three weeks. The main limitation was the “lack of high quality studies investigating mental health problems after enforced isolation,” the researchers conclude. “All but one study investigated social isolation that was not enforced on young people and was not common across a peer group.”
Interventions

There are “practical and psychological strategies that may help promote child and adolescent mental health in the context of involuntary social isolation,” the researchers conclude. “Finding ways to give children and adolescents a sense of belonging within the family and to feel that they are part of a wider community should be a priority. Therefore, providing accurate information about the relative risks and benefits of social media and networking to parents who overestimate the dangers of allowing their children too much screen time may help young people access the benefits of virtual social contact.”

Digital technology that provides evidence-based interventions to help young people to reappraise their thoughts and change their behavior within the confines of the home setting may be helpful as well. The researchers specifically mention:

- the computerized cognitive behavioral therapy (CBT)-based self-help program BRAVE-TA and
- computerized CBT such as MoodGym, SPARX, and “Think, Feel, Do.”

However, there’s no evidence of effectiveness on outcomes of these technology. Computerized therapy and self-help interventions such as bibliotherapy are not as effective as face-to-face therapies, the researchers note. “Importantly, reviews have tended to conclude that effects are better if there is some therapist input and if parents are involved especially for younger children,” they write.

Finally, the researchers say prevention and intervention approaches should be an “international priority.”

News

West Virginia ordered to allow father on Suboxone to adopt

By Alison Knopf

If you are taking medication to treat addiction, the state cannot use that to ban you from adopting a child. That’s the underlying message in a landmark ruling against the West Virginia Bureau of Children and Families (BCF) by the federal government. The case involved an adoptive father taking Suboxone.

The federal Department of Health and Human Services (HHS) announced it has entered into a voluntary resolution agreement with the West Virginia Department of Health and Human Resources, protecting the rights of people in recovery from opioid use disorder to be free from discrimination in state child welfare programs. The HHS Office for Civil Rights (OCR) investigated a complaint filed by an aunt and uncle who sought to adopt their young niece and nephew who were in the custody of the BCF. The aunt and uncle allege the BCF denied their request for placement resource for either child, citing the uncle’s history of taking prescribed medication, “said Assistant Secretary for Mental Health and Substance Use Elinore McCance-Katz, M.D., Ph.D. “The Substance Abuse and Mental Health Services Administration takes seriously its responsibility to do all it can to advance the use of these effective, evidenced-based treatments.”

“This civil rights action reflects the Trump Administration’s commitment to protecting the rights of Americans with disabilities and tackling substance use disorders as medical issues that respond to effective treatment,” said HHS Secretary Alex Azar. “Americans who are successfully receiving long-term treatment for opioid use disorder can lead normal lives, which is why HHS has made it such a priority to expand access to medication-assisted treatment, boosting the number of Americans who receive it by more than 40 percent since President Trump took office. We commend West Virginia’s decision to revise its policies to protect the rights of families and children while continuing the state’s aggressive battle against the opioid crisis.”

The complaint alleged that despite receiving a favorable home study finding, BCF social workers determined the aunt and uncle were not an appropriate placement resource for either child, citing the uncle’s history of taking prescribed Suboxone as part of his medication-assisted treatment (MAT) program.

“Successful treatment for opioid use disorder requires an individualized approach which includes FDA-approved and physician prescribed medication, as well as psychosocial and community recovery supports,” said Assistant Secretary for Children and Families (BCF) by the federal government. The case involved an adoptive father taking Suboxone.

The complaint alleged that despite receiving a favorable home study finding, BCF social workers determined the aunt and uncle were not an appropriate placement resource for either child, citing the uncle’s history of taking prescribed Suboxone as part of his MAT program.

The BCF declined to provide the aunt and uncle the opportunity to serve as a kinship placement option for these children, even though the aunt would have been the primary caregiver, and even though the uncle had not tested positive for illegal use of drugs during the course of his treatment (and eventually ceased using Suboxone altogether).

West Virginia also agreed to update the aunt and uncle’s case file and notify the Family Court of the aunt and uncle’s allegations and West Virginia’s agreement with OCR, so that the court may consider them before it makes any final custody determination with respect to the children.

“The West Virginia Department of Health and Human Resources, Bureau for Children and Families is happy to enter into this agreement regarding the use of medically assisted treatment for substance use disorder and the Americans with Disabilities Act,” said Secretary of the Department of Health and Human Resources Bill J. Crouch. “Along with behavioral therapy, the use of MAT provides effective treatment for opioid use disorders, enabling individuals struggling with addiction to reclaim their lives.”

“People in recovery from opioid use disorder should never be stigmatized for seeking appropriate medical treatment that can save their lives,” said OCR Director Roger Severino. “OCR commends West Virginia’s willingness to update its policies and procedures to make sure individuals with disabilities do not face unlawful discrimination based on either misinformation or stereotypes in its state’s child welfare system.”

For the agreement, go to https://www.hhs.gov/sites/default/files/ocr-agreement-with-wv-dhhr.pdf.