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THE PSYCHOSOCIAL IMPACT OF COVID-19 ON CHILD MENTAL HEALTH

Whilst a number of articles have already been written on this topic, it is however important to look at this topic with respect to South African children, and I mean, ALL South African children within their own very unique contexts and challenges.

A child's mental health is a delicate phenomenon which we know is vulnerable to adverse influences in the systems that exist to care for and protect the child.

South African children already carry multiple systemic adversities which affect their mental health negatively.

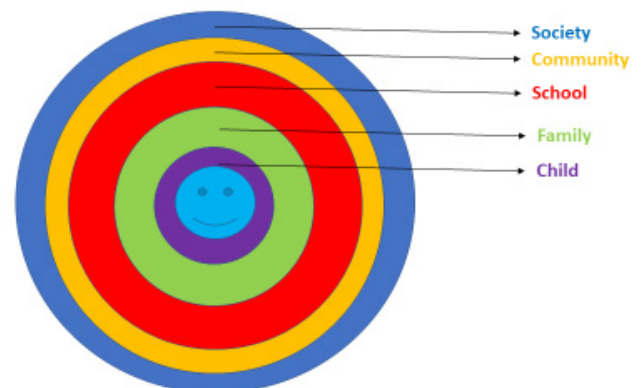
Now the Covid-19 pandemic is already, and will continue to place, additional and new demands on our children's mental health resources.

The best way to conceptualise the

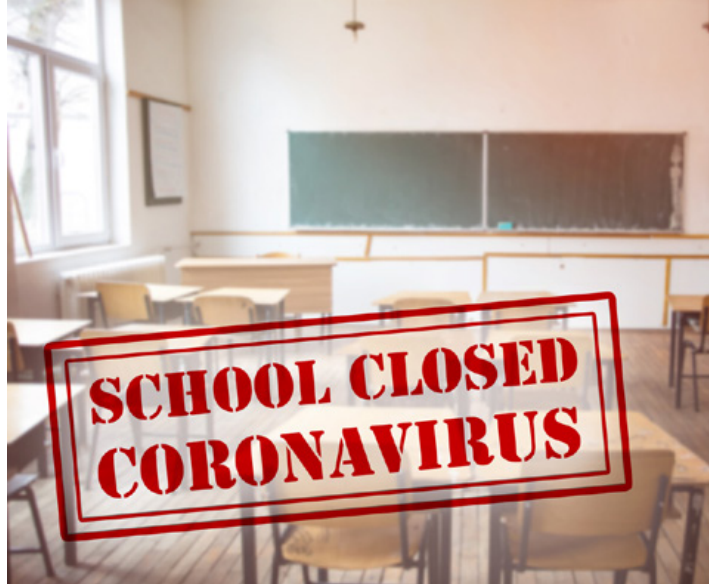
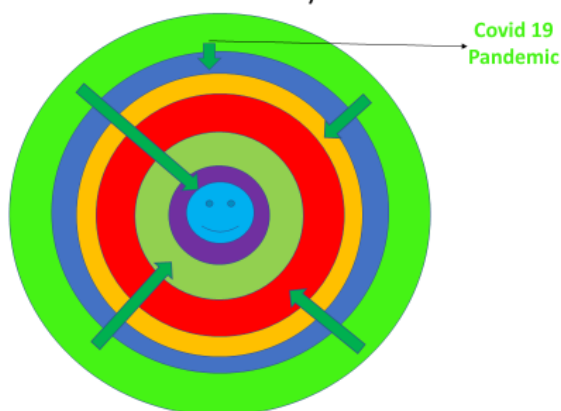
influences on child mental health is to visualise the child as being in the centre of a series of concentric circles each representing a societal system.

One starts from the biggest – the all-inclusive society which surrounds and influences the functioning of the community and the school. Then the

South African Society: A Systemic Model



Covid 19 in South Africa: A Systemic Model



crucial family system influenced by all the systems with the greatest effect on the child in the middle.

When we introduce the Covid19 pandemic, we see that it affects all systems directly and by implication – the central child – directly and through its interaction with all the systems the child depends on.

It starts by looking at how our government has advised us to deal with Covid-19, wearing masks, practising social distancing etc. Government departments of finance, basic education, health and social welfare play a major role in our children's mental health.

Communities within cities and towns, work and school, shopping centres and anywhere the public go also plays a role.

By far the greatest impact felt has been on the economy and employment with job losses and decreases in income having significant effects on most families - paying school fees, essential bills to a projection into abject poverty. This is a phenomenon we're seeing all too often in our clinic now.

Major new demands are being placed on medical services with consequent redirection of medical personnel and decreased availability of some services.

What was of serious concern was the decrease in already limited child mental health services particularly in the more restrictive phases of the lockdown. Very specialised services like child psychiatry wards were closed for redirection of staff, new non-urgent cases cancelled and children discouraged from coming to the clinic with parents fetching their repeat scripts. This, although necessary, severely compromised patient care. In more resourced areas tele-psychiatry was also used.

Another concern was a decrease in social worker and child protection services and decrease in normal everyday leisure time activities.

Our children's first exposure to Covid 19 was the lockdown and, with it, the closure of schools.

Our children spend 6-8 hours at school per day which also provides a social and support structure. These are areas which may have a negative impact on our children

- The sudden and duration of the school closure itself
- Loss of school days and academic learning
- Schools can offer protection to children from the virus which wasn't available during the lockdown
- Lack of daily routine and structure
- Lack of peer interaction and loss of the social structure
- Lack of contact with teachers who provide routine and support.
- Online Schooling
- Lack of supervision and technology for online schooling
- No schooling at all (Lack of capacity in terms of technology of learner or school or both)
- Getting behind academically
- Risk of not finishing the academic year – particularly Grade11 and 12
- Struggle with transition back into school
- Changes in routine on return to school – masks, social distancing, repeated sanitisation
- Increased work load to make up backlog
- In complete transition – children still attending

school on alternate days.

- Insecurity of feeding schemes

The family is the most crucial system when it comes to the development and function of the child. They need to provide for the basic needs of the child, as well as care for and protect the child. This is an area which was already causing many of our children mental health problems, by virtue of the dysfunction and disintegration of these systems.

Because of isolation, the home becomes the focus of daily activities. Everybody may be home all the time. Family dysfunction may worsen. The result is stress, and caregiver stress equals child stress.

Family dynamics may actually improve under these circumstances. I've seen a few children where one could detect a difference in the relationship between parents and child as they got to know their child better through home schooling, getting to understand their difficulties and playing games with them.

All too often these relationships deteriorate as the parent struggles with the increased pressures, worries and their stress about the pandemic. The child, also stressed, often presents an increase of a previous pattern of externalising behaviour and anxiety. Caregiver-child relationships may deteriorate.

Because of lack of information, many families don't practise adherence to restrictions and allow children outside during isolation. These children were at risk when they most needed protection.

The biggest threat to family functioning is economic issues putting that family into an immediate state of distress, no matter the socioeconomic group. Mothers have come to me



regular school routines and therapies

Many children and adolescents without existing diagnosed psychopathology, are also starting to present symptoms that go unrecognised by caregivers. The important thing is to recognise an increase of new psychiatric referrals as time goes on, which we're already seeing.

Symptoms include

- Anxiety and increased worrying
- Major worry about family's financial status, food security
- Separation Anxiety – fear that something will happen to caregiver and family members, return to school
- School refusal
- Enuresis and encopresis
- Depression
- Emotional dysregulation
- Anger
- Aggression
- Self-harm
- Suicidal behaviours
- Loneliness
- Bereavement
- Sleep and eating changes
- Frustration, irritability and restlessness
- Parent Child Relational Problems
- Substance use disorders
- Child abuse and neglect

Even one, or combinations, of these symptoms could be a foundation for future and enduring mental health problems.

Covid-19 is here to stay. The apparent acute phase of the pandemic is just the beginning from the point of view of the infection as well as from its mental health impact on our children.

This pandemic has put children at risk for developing worsening or new mental health problems which may last for many years.

We will definitely need more child mental health services particularly in areas where no such services now exist.

But surely we also, and first, need provision of the basic needs/rights of children which have now become increasingly threatened by the pandemic - like food, water supply to schools!!!! **MHM**

References available upon request

saying "I don't know what to do. I/my boyfriend lost my/ his job. I have no money to buy food for my child".

Families often depend heavily on extended family for help and supervision of their children. Isolation changes this. Increased family stress can exacerbate any existing familial difficulties like, intra-familial and marital conflict and increased domestic violence. There has also been shown to be an increase in child maltreatment.

An important stressor is parental mental illness, which, like child mental illness will increase during this pandemic. We'd be looking at pre-existing mental illness, and presentations of anxiety (parents own anxiety around Covid-19), depression, substance abuse and parental burnout.

Then the focus of our discussion - the child. They exist at the centre picking up on all the disruptions in the systems. The child reacts in a number of ways and the major symptom is anxiety.

Caregivers often don't realise that children also experience anxiety so don't look for, or recognise, the signals. The biggest psychosocial factor is that parents almost forget their children in the context of their own problems.

Other reasons children experience anxiety include:

Incorrect information – the responsibility of the caregiver to inform their children about Covid-19 at a developmentally appropriate level. If wrongly worded this may be very frightening. In the beginning of the pandemic I asked children – "What do you know about coronavirus" and a number said "you die"

- Correct information can cause anxiety
- Understanding the restrictions
- Changing routines at home and

at school

- "What will happen if I get sick?"
- "Will I die? Will my parents, grandparents die?"
- "I can't tell my parents - they're already so stressed."
- "My mother says there's no money for food."
- "I always used to tell my problems to my friend."

There are two areas we look at when we consider the mental health consequences of this pandemic on children. The first one is the impact on pre-existing mental illness.

- Importantly there was early on a decrease in regular follow ups which had significant consequences.
- Increase in symptoms in externalising disorders - hyperactivity, aggression, destructiveness, oppositionality
- Increase in symptoms of anxiety. This leads to another set of worries. The anxiety may become so severe that comorbid depression appears.
- Increase in emotional dysregulation and adaptive coping
- Decrease in symptoms in social anxiety disorder – Patients who tell you they preferred the lock down to school. Their major challenge has been removed. They often ask to continue online schooling. The problem is then that they won't learn the skills to master their social anxiety.
- Increase in severity and potential outcome of premorbid psychopathology
- Apparent decrease in efficacy of previously successful medication
- Patients with intellectual disability and autism struggle with withdrawal from their