

## **Mental Health of Children and Adolescents during the Covid-19 Pandemic**

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### **ABSTRACT**

The situation of the COVID-19 pandemic in the world, the regime of self-isolation, stress and anxiety of adults affect especially children and adolescents. Taking into account the experience of other countries that are faced with the massive spread of COVID-19, a review of data on the negative impact and prediction of the most likely risks of a pandemic situation and self-isolation for the mental health of children, taking into account their age, was carried out. The COVID-19 outbreak has changed the context in which children live. Quarantine measures such as school closures and travel restrictions have changed the daily and social support system for children and created new stressors for parents. Social contacts were strictly limited to immediate family members, which also negatively affects the mental health of children and adolescents. The coronavirus pandemic launched the digital transformation of the educational process at all its levels, and it became possible to form a completely new system of relationships and communication between all participants in the educational process - students and teachers. Particular attention is paid to the risk group - children and adolescents with chronic mental illness, who need constant monitoring and treatment. Timely provision of psychological and psychiatric assistance to children and adolescents is necessary to prevent the consequences of the impact of the pandemic on mental health. The introduction of innovative approaches to the provision of mental health care through telepsychiatry may contribute to the effective use of telemedicine in child and adolescent psychiatry.

**KEYWORDS:** mental health of children and adolescents, COVID-19

The COVID-19 pandemic deeply affects the lives of people around the globe [1]. The entire world has focused on measures to reduce the spread and the economic impact of the COVID-19 pandemic. The environment is rapidly changing, and all the talk in the media and society is devoted only to the outbreak. In such a situation, a huge amount of information falls on children, stress and anxiety of the adults around them are transmitted. With all this, the daily routine and social environment of children is changing, which usually helps to overcome difficult situations [2]. Parents, in an effort to protect their children from anxiety, may avoid difficult conversations about feelings and events. However, studies show that even children under 2 years of age are aware of the changes taking place around them [3]. Consciousness in children develops throughout childhood and adolescence. Therefore, when adults talk to children, the information provided to children should take into account the child's age and level of understanding [4]. The current situation especially affects children, adolescents and their families.

Uncertainty in the impact of COVID-19 greatly worries everyone against the background of the additional psychological effect of quarantine [5]. Adult concerns about the impact of COVID-19 can jeopardize their ability to be sensitive to and respond to children's cues or experiences [6]. Children are strongly associated with the emotional states of adults; children perceive unexplained

and unpredictable behavior as a threat, which further leads to anxiety. Conversely, anxiety in children and adolescents can also manifest itself in defiant behavior, such as moods or arguments, rather than in the usual tearful, sad, and anxious reactions.

Infectious diseases such as COVID-19 can significantly affect the conditions in which children grow and develop. Separation from family, breaking up friendships, disrupting daily routines and dividing society as a whole can have negative consequences for the well-being, development and protection of children. In addition, measures used to prevent and control the spread of COVID-19 can put children at risk in terms of their protection. Quarantine measures and isolation at home, in institutions, as well as in certain areas can have a negative impact on children and their families [7].

Currently, there is no experimentally confirmed data on the consequences of this situation for children. However, science has accumulated extensive material concerning the effect of isolation on the mental state of a person, the characteristics of perception and perceptions of dangers in preschool and adolescent children, the characteristics of children's response to situations of threat and stress [8, 9]. Analyzing them, it is possible to predict the most likely risks of a pandemic situation and self-isolation for the mental health of children, taking into account their age.

For preschool children (3-7 years old), the current situation with active discussion on TV screens and in families of the consequences of the pandemic carries its own risks for mental health. In the preschool period, there is an intensive development of the emotional sphere, self-awareness, children begin to understand the finiteness of life; very receptive to the words and emotional state of adults. The appearance of the fear of death at this age is a natural phenomenon in the development of their psyche. Children themselves gradually cope with such experiences, but only in the absence of constant discussions of any problem. If the period of manifestation of the age maximum of the fear of death coincides with unfavorable external conditions and circumstances that directly or indirectly signal the threat, one can expect its excessive growth in the imagination and fixation on it. In children, different fears are closely linked, and far from rational, not logically, and form a single psychological structure of anxiety. So, a child, hearing parents' phrases about the danger of getting infected, prohibitions to come close to others, not yet establishing exact connections between events and facts, and focusing on an emotional reaction, may begin to consider communication with others dangerous. When communicating with older preschoolers and in their presence, it is important to exclude the mention of the word "death" in the context of the topic of coronavirus; focus on the concept of "prevention"; in explanations, choose visual figurative forms of information presentation (cartoons, illustrations, fairy tales); expand the range of topics for discussion and the sphere of affairs and interests of the child.

For children of primary school age (7-11 years old), the situation with a pandemic and self-isolation also has its own characteristics. During this period, the fear of death persists in children, transforming into fear of losing their parents. Parents may, having become accustomed to the sufficient independence of their children, not attach importance to the various issues that have become more frequent on their part. Whereas these questions may reflect internal concerns about parents, characteristic of age, amplified by talk about the threat of infection. Another point that needs to be taken into account in relation to younger students is that their learning activities have been transferred to the conditions of the home and family. The separation of school life and family, the role of the child for their parents and the role of the student solves an important problem for the self-awareness of the younger student, which makes the child independent.

For adolescents, the conditions of current self-isolation are fraught with increased protest behavior in response to increased control by adults. This age is generally characterized by a tendency to take risks, an increase in the number of actions that pose a potential threat to their health.

In today's situation, there is a high risk of teenagers losing a sense of community with their parents, even in families with friendly relationships. Such a reaction is characteristic of age in response to too rigid, suppressive activity or unclear and vague standards. In addition, it is worth remembering that adolescents are very vulnerable and sensitive to the nature of interpersonal relationships between parents. Intensification of parents' quarrels or their mutual silence in a situation of constant being under one roof, threatens the teenager's sense of security. This entails lack of confidence in oneself and others and determines the choice of unproductive ways of solving the important task for a teenager "to be oneself among others".

High school students are characterized by a situation of uncertainty associated with a professional choice, upcoming admission. Due to their age, the near future for them seems to be a literal continuation of the present; anxiety and concern about the present is projected onto the perception of the future.

Mental health problems associated with quarantine include depression, irritability, insomnia, anger, and emotional exhaustion [10, 11]. The COVID-19 outbreak has changed the context in which children live. Quarantine measures, such as school closures and movement restrictions, have changed the system of daily and social support for children, as well as created new stress factors for parents who had to look for new options for caring for their children or refuse to work [12, 13, 14, 15]. The leisure of children was also limited - children's playgrounds and sports sections were closed. [16]. Social contacts were strictly limited to the immediate family members, which also negatively affects the psychological health of children and adolescents [17, 18, 19]. Closing schools and canceling events has forced many teens to abandon many of the significant events of their young lives, including daily socializing with friends and going to school. Adolescents who are changing their way of life due to a spreading disease feel anxious, frustrated, and isolated.

The coronavirus pandemic launched a digital transformation of the educational process at all its levels, it became possible to form a completely new system of relationships and communication between all participants in the educational process - students and teachers [20]. In this regard, various types of distance learning were organized throughout the Republic of Uzbekistan. The pandemic has become a catalyst for rapid change in this area. At the same time, the greatest difficulty is not so much the lack of infrastructure or the unpreparedness of teachers to master certain digital learning technologies, but the fact that the current situation radically changes the established models of social interaction. Existing social ties are broken between people of different generations, communication between students and teachers is moving into a new format, in some cases in families, where all their members are often forced to join the learning process, an increase in tension is recorded.

Within the family, quarantine measures have also led to a change in daily life. It should be noted that many children can easily adapt to changes in family life. At the same time, there is a high risk of developing adaptation disorders for children who are now faced with unpredictable reactions from their parents - rudeness and aggression towards another parent or child; unjustified by the situation of interaction with the child, the manifestations of fear, despondency, anger in the parent, especially if such reactions become protracted. The same risk exists for children with reduced adaptive capacity; for children whose mothers, or close adults who replace her, are depressed, have

severe anxiety, and are unable to provide emotional support. Changes in today's life may be fraught in the future for these children with a noticeable increase in social distance from others, limitation of emotional reactions, a decrease in interest in previously significant activities; fear of even short-term separation from a close adult [21].

In a review of the impact of quarantine, Brooks et al. Indicated that symptoms of post-traumatic stress disorder (PTSD) occur in 28–34% and fear in 20% of quarantined subjects [22]. Self-isolation also affects the psychological health of children and can cause post-traumatic stress. Comparison of PTSD symptoms in parents and quarantined children with those who were not quarantined found that mean PTSD scores were four times higher in children who were quarantined than those who were not. in quarantine [24]. About 28% (27 of 98) of parents quarantined in this study reported sufficient symptoms to warrant a diagnosis of trauma-related mental disorder, compared with 6% (17 of 299) of parents who were not quarantined [25].

Another extremely vulnerable group is children and adolescents with chronic mental illness, who require constant monitoring and treatment [26].

For children with mental retardation, a lack of understanding of the current situation is characteristic, which leads to an increase in anxiety. In addition, children with disabilities are at high risk [27]. Moreover, this increases emotional reactivity, anxiety, and decreases the regulation of emotions [28]. Most mental disorders require regular psychopharmacotherapy [29]. The severity and outcome of mental disorders can worsen due to the lack of timely diagnosis and treatment. This is especially problematic for conditions such as the onset of schizophrenia, in which early treatment is an important prognostic factor. On the other hand, exposure to stress can aggravate pre-existing mental disorders [30].

## CONCLUSION

As such, it is likely that the COVID-19 pandemic will exacerbate existing mental disorders and also contribute to the emergence of new stress disorders in many, especially children and adolescents. Timely provision of psychological and psychiatric assistance to children and adolescents is necessary to prevent the consequences of the impact of the pandemic on mental health. continuous monitoring and the introduction of innovative approaches to the provision of mental health care through telepsychiatry may contribute to the effective use of telemedicine in child and adolescent psychiatry.

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