



## Pediatric mental health and the pandemic

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During the COVID-19 pandemic, in addition to the biological effects from the virus, a series of conditions were aggravated by biological, socioeconomic, cultural, and political issues. Similar patterns varied depending on the social contexts in which they occurred, and the latter, moreover, often contributed to worsening pre-existing diseases. This is called a “syndemic,” a neologism resulting from synergy and pandemic, coined by anthropologist Merril Singer in the 1990s to explain the variation in HIV exposure and risk in different communities, especially among groups with substance abuse disorders, which have also been exposed to violence.<sup>1</sup>

We are currently witnessing an increase in the incidence of pediatric mental disorders and, in addition, cases seen both in outpatient settings and emergency departments are now more serious than those observed in pre-pandemic years, generating a wide range of health problems and relevant social and economic consequences.

It is known that an environment that promotes growth, with an adequate nutrition and plenty of sensory, cognitive, and emotional stimuli, helps to develop a brain with highly integrated functions, capable of providing multiple and complex responses. On the contrary, adverse socioeconomic conditions, such as abuse or emotional and nutritional deficiencies, are associated with the development of physical and mental health disorders, determining that a hostile environment in the early stages of life may have

persistent consequences.<sup>2</sup>

These disorders are diverse, and we refer to them based on their manifestations: symptoms of anxiety, depression, or a broad spectrum of behavioral disorders (children with oppositional/defiant behavior, attention deficit disorder with or without hyperactivity [ADHD], psychomotor agitation, self-harm and self-injury attempts). Other times, they are the result of one or more adverse events, such as post-traumatic stress disorder or developmental disorders, to name just a few.

In addition, during the COVID-19 pandemic, several factors hindered the mental health care and screening situation. The mandatory lockdown made it difficult for patients to attend health care centers because many of them were closed or turned into centers dedicated to COVID-19.

Schools, special education schools, and therapeutic centers that provided the various treatments required by this population were also closed.

It should not be forgotten that families were living together during the lockdown and there was no other way of channeling conflicts; therefore, situations of family violence became more frequent.

Caregivers had financial difficulties, many of them faced the loss of their loved ones, and communication with the outside world was limited to virtual contact. The socioeconomic gap demonstrated that children from families

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with fewer resources were more susceptible to the deleterious effects of the lockdown. In contrast, children with better access to virtual spaces spent a long time using social media and in front of screens, without adequate parental supervision and without the personal contact that is so important for the development of the psyche.

A study carried out in Argentina showed that “children have been affected the most and listened to the least” during the pandemic.<sup>3</sup>

Another aspect that is worth noting are adverse experiences, such as child and adolescent maltreatment, understood as exposure to situations of abuse and neglect in terms of care. The effects of these situations are cumulative, from conception to adulthood, with persistent consequences that affect the physical and mental health of individuals.<sup>4</sup> Abused children and adolescents are at greater risk of suffering psychiatric disorders and, during the pandemic, it was difficult to detect situations of violence occurring at home.

Several studies state that the symptoms inherent to mental health during the COVID-19 pandemic varied according to age.<sup>5</sup>

Among preschoolers, the lockdown and fear regarding family safety led to increased disruptive behaviors, boredom, need for attention, and anxiety. An increase was also observed in speech and generalized developmental disorders.

Among schoolchildren, there was an increase in consultations due to mental symptoms. The most frequent causes were anxiety, depressive symptoms, and post-traumatic stress.

Although it is a multifactorial problem, the double burden of malnutrition –by the coexistence of undernutrition along with overweight and obesity– increased during the pandemic. In the year prior to the pandemic, visits to pediatric clinics for these causes remained stable, but began to increase hastily during the pandemic, nearly doubling their annual frequency.<sup>6</sup>

Among adolescents, the proportion of consultations to emergency departments related to mental health was significantly higher. The proportion of patients hospitalized due to family violence, anxiety attacks, and psychomotor agitation increased in children’s hospitals.

In pediatric intensive care units, there was an increase in the admission of critically ill patients due to self-harm and self-injury attempts, while other pediatric causes of admission to critical care units decreased in intensity and frequency.<sup>6</sup>

The syndemic theory implies that there are

local socioeconomic and political conditions that contribute to multimorbidity in a given community. The ways of dealing with a pandemic, such as that caused by COVID-19, impacted some individuals differently than others.

We are currently facing an increase in the demand for mental health care, and it is necessary to provide integrated responses, in coordination with different disciplines and sectors.

Better health care services are needed for patients with behavioral emergencies, psychomotor agitation or self-harm ideas at the hospital level, together with an integrated network system, to warrant access to specialized hospitals for the most severe cases and to primary health care centers for mild cases. Adequate educational proposals are also required, with therapeutic centers capable of carrying out an effective follow-up, raising an alert in cases of increased symptoms, and offering a system of social workers who can visit patients at home and work with the community surrounding them. Among many other interventions, we can think of the global implementation of group therapies for children, adolescents, and their caregivers, and the help of telemedicine integrated with this to address their psychological needs.

There is no doubt that the mental health of children and adolescents was one of the aspects most affected by the pandemic, and that its effects will extend over time. However, on the other hand, the pandemic helped to make visible a growing and often neglected problem. ■

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