

Debate: COVID-19 and children in India

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The coronavirus disease (COVID-19) pandemic has multifaceted impacts on children, that is psychological, mental, physical, social and cultural (Dalton, Rapa, & Stein, 2020). Forty-one per cent of India's population is less than 18 years of age, and their mental health issues cannot be neglected during the pandemic and postpandemic. These effects are not limited to health and well-being but extend to many dimensions of children's lives, their education, safety and poverty. (UNICEF, 2020a).

Contrary to the general perception that the novel coronavirus spares children, there have been reports of children below 12 years of age becoming infected in India, although compared to other age groups far fewer are affected (The New Indian Express, 2020). Agencies working on children's issues have also expressed their concern that heightened anxiety and stress on families due to COVID-19 may lead to an exacerbation of mental health problems in children (APA, 2020).

Acting upon these concerns, some agencies and professionals have come forward in different countries to provide counselling and psychosocial support services for children and young people. These services are often not well-organized and not directed towards specific needs of children (Dong & Bouey, 2020). Although India has limited infrastructure and manpower for mental health services, it is providing services such as a helpline number.

Due to lockdown, many children have had no physical access to friends, peers, schoolmates and relatives for over two months. Limited or no opportunity for outdoor play and socialization may also impact children adversely, making them easily bored, angry and frustrated. Although many are active on mobile phones and virtually connected, there is higher probability that they will become increasingly engrossed in social media and online entertainment. There have been reports in Indian media of problems such as overuse of mobile phones and impact on functioning (Suvarna, 2020). Increased digital connections can also result in 'emotional contagion' where the distress and fear experienced by one spread to another person (Gao et al, 2020).

Children who have lost one or both parents due to the pandemic are obviously highly vulnerable. Some children may experience bereavement reactions that are complicated by not having had contact with an ill relative before they passed away, for example because of quarantine restrictions. Fear about loved ones' health and financial security can take an emotional toll on children. Such children may experience a range of psychological issues such as anxiety, low mood, insomnia and loss of appetite. Quarantine, isolation and traumatic

bereavement may also lead to post-traumatic stress disorder (Jacob et al., 2020).

Adversities affecting children may be divided into three categories, viz. (a) those who are COVID-positive patients and are isolated; (b) children of COVID-positive parents and children who have lost either or both parents due to the infection; and (c) children who are in quarantine/shielding or isolated due to general lockdown. Children in different categories may face different sets of mental health issues.

In such a scenario, mental health service providers, parents and immediate caregivers have a major responsibility to help children in distress. For parents, it is essential to create a sense of normalcy at home by planning a package which should include play, academic activities, interaction with family members, creative writing, socialization through phone, video calls to friends and relatives. The Indian Association for Child and Adolescent Mental Health also suggests that children need reassurance that this time will pass; it is important for parents and caregivers to be calm and proactive, letting the child feel their emotions, check in with them about what they are hearing and doing, and by monitoring their own and their children's behaviour (UNICEF, 2020b).

Studies show that uncommon emergencies such as the present pandemic or natural disasters can lead to severe and impairing psychopathology in some children. The psychological problems identified in such children range from mood to conduct disorders, substance abuse, anxiety disorders and suicidal tendencies (Danese et al., 2020). The development of an emotional epidemic curve to understand the mental health epidemiology of the pandemic is the need of the hour (Ransing et al., 2020). In India, very few data-based studies have been undertaken and in-depth surveys and clinical studies are required to understand the epidemiology of mental health problems during the pandemic.

The authors suggest that child mental health care should form an essential component of public health interventions. Available mental health resources must reach out to children in distress through community-based services (or schools if possible). Detailed data on epidemiology, interventions and their outcomes are needed to develop a country-specific conceptual framework. In India, the stigma attached to mental health issues is strong; limited access and availability of mental health services coupled with stigma might leave many vulnerable children in long-term distress without much professional help unless the government takes appropriate steps to mitigate the mental health impact of the pandemic.

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Ethical information

No ethical approval was required for this article.

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