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- 2 Pierce M, Hope H, Ford T, et al. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *Lancet Psychiatry* 2020; **7**: 883–92.
- 3 Gupta S, Heneghan C, Sikora K, et al. Boris must urgently rethink his Covid strategy. 2020. <https://www.spectator.co.uk/article/boris-needs-to-rethink-his-covid-strategy> (accessed Sept 25, 2020).
- 4 Zhang L, Zhang D, Fang J, Wan Y, Tao F, Sun Y. Assessment of mental health of Chinese primary school students before and after school closing and opening during the COVID-19 pandemic. *JAMA Netw Open* 2020; **3**: e2021482.
- 5 Wasserman D, Hoven CW, Wasserman C, et al. School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial. *Lancet* 2015; **385**: 1536–44.

COVID-19 and adolescent mental health in India

Lockdowns in India were stringently imposed from March 24, and have been eased gradually since September, but schools remain closed and online classes have replaced classroom teaching. This situation provided children and adolescents with the perfect conditions for solitude and increased internet use.¹ Parents are concerned about the effect of school closure, social distancing, and increased internet use on their children's mental health.^{2,3} Increased opportunity for internet use makes it more difficult for parents to control this access, and frequent and unsupervised internet use is associated with self-harm and suicidal behaviour in adolescents with psychological risk factors.¹

Coronavirus disease 2019 (COVID-19) might not be as lethal in children and adolescents as it is in adults, but it does cause a lot of psychological distress in this age group. Adolescents are experiencing acute and chronic stress because of parental anxiety, disruption of daily routines, increased family violence, and home confinement with little or no access to peers, teachers, or physical activity.

School closure and home confinement can also have a beneficial

effect on adolescent mental health, by allowing for a more cohesive family lifestyle.⁴ However, in a socioeconomically disadvantaged country, the school environment might be more enriching than the home—nutritionally, emotionally, and developmentally. School closure has seriously disrupted adolescent lives in India, with many young people entering the workplace as a result, possibly never to return to education again.³

During the pandemic, adolescents at high risk of psychological problems might fall through the safety net provided by a protective family life, peer support, and psychological support from teachers. It is time to address adolescent mental health in India systematically, to monitor the incidence of various psychiatric disorders (eg, depression, anxiety, and self-harm behaviours), and to identify factors for both risk and resilience.

To help identify adolescents at risk of mental disorders, frontline health workers in COVID-19 community screening teams could be encouraged to detect recent changes in behaviour, substance use, and excessive isolation among children and adolescents. Teachers and parents can be trained to identify signs and symptoms that suggest poor mental health, such as sleep disturbances, excessive anger, and difficulty concentrating. Any mental health needs can then be addressed by mental health professionals, using telemental health interventions that target adolescents, which have shown promising results.⁵ Also, task sharing and task shifting strategies could be used to develop networks of clinical care across existing health systems to provide mental health care for adolescents.

We declare no competing interests.

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- 1 Marchant A, Hawton K, Stewart A, et al. A systematic review of the relationship between internet use, self-harm and suicidal behaviour in young people: the good, the bad and the unknown. *PLoS One* 2017; **12**: e0181722.
- 2 Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G. Impact of COVID-19 and lockdown on mental health of children and adolescents: a narrative review with recommendations. *Psychiatry Res* 2020; **293**: 113429.
- 3 Patra S, Patro BK, Acharya SP. COVID 19 lockdown and school closure: boon or bane for child mental health, results of a telephonic parent survey. *Asian J Psychiatr* 2020; **54**: 102395.
- 4 Bruining H, Bartels M, Polderman TJC, Popma A. COVID-19 and child and adolescent psychiatry: an unexpected blessing for part of our population? *Eur Child Adolesc Psychiatry* 2020; published online July 4. <https://doi.org/10.1007/s00787-020-01578-5>.
- 5 Sharma A, Sasser T, Schoenfelder Gonzalez E, Vander Stoep A, Myers K. Implementation of home-based telemental health in a large child psychiatry department during the COVID-19 crisis. *J Child Adolesc Psychopharmacol* 2020; **30**: 404–13.

The effect of COVID-19 on hijra (third gender) people in Bangladesh

In South Asia, the hijra are referred to as a third gender, as a group of transgender women and non-binary and intersex people who were assigned male at birth. Some estimates suggest that more than 10 000 hijras live in Bangladesh, whereas others indicate there are more than 100 000. However, they are deprived of basic human rights in Bangladesh, such as access to primary health-care services, housing facilities, food, and employment opportunities.¹

Hijras in Bangladesh have been adversely affected by the pandemic, particularly during the national lockdown.² Mental health problems, such as anxiety, depressive symptoms, discrimination, suicide, and domestic violence increased during the lockdown around the world, including in Bangladesh.³ Hijras have long faced high levels of social stigma, discrimination, isolation, and separation, and many people in Bangladesh still have a negative perception of hijra