



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

## Transformative learning in early-career child and adolescent psychiatry in the pandemic

The COVID-19 pandemic has globally affected the practice of child and adolescent psychiatry, as well as the daily lives of early-career child and adolescent psychiatrists. There have been changes in continuity of care (eg, postponed, cancelled, or online consultations, and few functioning inpatient units, with others becoming COVID-19 units) and the usual work frame (eg, facemasks, physical distancing, and not offering toys). Work shifted to creating standard operating procedures for care with safety precautions; disseminating advice and information about mental health; offering mental health support to frontline workers; and helping with duties outside of child and adolescent psychiatry. As early-career clinicians in child and adolescent psychiatry, we feared potential problems, such as increased risk of child abuse, domestic violence; behavioural crisis or suicide in adolescents who rely mostly on peer support and their social life; diagnostic delays (eg, for neurodevelopmental disorders); and parental burn-out (as the only caregivers).<sup>1</sup> The fear of infection reduced emergency visits, but probably made these at-risk families inaccessible to clinicians.

Except for emergency services, most clinical work has now shifted to online platforms. Many clinicians who were not familiar enough with technology were unable to reach and engage with patients and families or sense their mood. Face-to-face assessments were made challenging by masks hiding facial expressions, which are key for engaging in child and adolescent psychiatry. Assessing toddlers and young children was almost impossible, because they found it hard to cooperate with online means of communication.<sup>2</sup> Novel strategies seemed to help, such as

asking parents to send in videos of children before a consultation to show them in natural settings, engaged in play, speaking, engaged in social communication, and with minimal toys and no screen (50–60% were able to send videos, which helped clinical interpretation). Online means of communication—either through parents or directly—mostly worked for older children and adolescents. Although excessive technology use and stress due to excess time indoors (eg, in the case of ADHD or conduct disorder) increased, some adolescents enjoyed teleconsultation because of its lack of outside stress, and requested to continue care in this way; this was often adolescents who refuse school, experience bullying, or have agoraphobia. Despite the best efforts, however, the digital divide concerning knowledge, access, and, resources limit the utility of such services.<sup>3</sup>

The fall in the number of clinic visits has affected community research. Meeting deadlines, completing studies, and ensuring timely staff payments are challenging.<sup>4</sup> Attempting to move ongoing assessments, training, and interview-based research methods to online platforms was challenging, including navigating ethical concerns, but was nevertheless a learning experience. The pandemic has opened the way for new, innovative research questions concerning such topics as the lived, home experiences of people with ADHD, online therapies for autism and anxiety (for patients with difficulties in social situations), description of an at-risk population (eg, young students living alone in large cities), and telepsychiatry.

The pandemic has led to a major shift in child and adolescent psychiatry service delivery and research. As early-career child and adolescent psychiatry professionals, we propose it is time to convert these challenges into opportunities, potentially by designing novel methods using technology, service decentralisation in low-resource settings, increasing

community awareness, and bolstering research for the sustenance and advancement of child and adolescent psychiatry.

We declare no competing interests.

\**Sowmyashree Mayur Kaku, Ana Moscoso, Jordan Sibeoni, Lakshmi Sravanti*  
sowmeey@gmail.com

Centre for Advanced Research and Excellence in Autism and Developmental Disorders, St John's Medical College, Bangalore 560034, India (SMK); Department of Child and Adolescent Psychiatry, Robert Debré University Hospital, Paris, France (AM); Adolescent Psychiatry University Service, Argenteuil Hospital Centre, Cedex, France (JS); ECSTRRA Team, UMR-1153, Inserm, University of Paris, Paris, France (JS); Consultant Child and Adolescent Psychiatrist, Bangalore, India (LS)

- 1 Witt A, Ordóñez A, Martin A, Vitiello B, Fegert JM. Child and adolescent mental health service provision and research during the COVID-19 pandemic: challenges, opportunities, and a call for submissions. *Child Adolesc Psychiatry Ment Health* 2020; **14**: 19.
- 2 Golberstein E, Wen H, Miller BF. Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics* 2020; **174**: 819–20.
- 3 Watts G. COVID-19 and the digital divide in the UK. *Lancet Digit Health* 2020; **2**: e395–96.
- 4 Gnanavel S, Orri M, Mohammed M, et al. Child and adolescent psychiatry research during the COVID-19 pandemic. *Lancet Psychiatry* 2020; **7**: 735.

For support through CléPsy see <https://www.clepsy.fr>