Editorial: How in the world are we handling COVID-19?

These are not normal times. As an editorial team, we felt that there was an urgency to reflect on our global experiences of the COVID-19 pandemic with our international colleagues. Instead of our planned debate series, we therefore commissioned a series of reflections on the impact of the pandemic on child and adolescent mental health throughout the world. We hope that you will find these reflections informative, thought-provoking, and in some cases, inspirational.

Children's mental health has not always been at the forefront of the response to the COVID-19 pandemic, and in some parts of the world, the disparities between need and service provision are stark. Kumar et al. (2020) highlight that a staggering 41% of India's population is less than 18 years of age; however, the resources and data to inform need during the pandemic are limited. Stigma attached to mental health issues remains strong, further compounding access and availability of services, potentially leaving many vulnerable children in long-term distress.

In Italy, the first European country to suffer the devastating consequences of the virus, including the detrimental consequences of school closures, Caffo et al. (2020) highlight surveys that report subsequent adverse impacts on the mental health of children and young people (CYP). They call for research to inform evidence-based policies to support CYP, with educators at the heart of implementation.

Danese and Smith (2020) describe the pandemic as a potentially 'perfect storm', with exposure to known risks and lack of support. However, they caution against assuming most CYP will develop psychopathology. They also discuss how many CYP will develop normative emotional responses and may be resilient to future psychopathology. There may even be paradoxical effects of the pandemic such as the positive effects on those children who were previously bullied at school. They also rightly caution about drawing erroneous conclusions from limited samples, as these have the potential to just reflect the concerns of the 'worried well'. They call for longitudinal studies to discriminate between early normative responses and future psychopathology, as well as the importance of involving CYP in codelivering the mental health response.

Perhaps counterintuitively, given the expected increase in mental health problems, Ougrin (2020) reports that emergency room visits in general, and for self-harm in particular, dramatically declined. Nor was this finding exclusive to the United Kingdom. The author hypothesizes several explanations including decreased suicidality from fewer social pressures, less face-to-face bullying or opportunity to engage in risk-taking behaviours. On the other hand, it may only be a reflection on the overall decline in help-seeking because people were simply afraid to go to doctors and hospitals during the early pandemic.

From a sociological standpoint, it is interesting that CYP in some countries appear to be cooperating with sacrificing their individual pleasures for the common good whereas in other countries that is less likely. Zhu et al. (2020) speculate that cultural orientations contribute to how these CYP deal with the uncertainly innate to COVID-19's novelty. 'Collectivist' cultures which value cooperativeness engender a feeling of control by trusting authorities and conforming to disease-controlling regulations. In 'individualist' cultures, the feeling of loss of control is dealt with by fighting to maintain individual control and ignoring regulations that appear to cater to the common good.

Services have had to initiate change and adapt in many ways, and the pandemic has put the technological revolution on fast-forward. Batchelor et al. (2020) share their experience of delivering remote training and plead that we do not leave the lessons of COVID-19 behind. Remote service delivery has presented opportunities and a potential to increase access; however, clinicians are on a steep learning curve and Fonagy et al. (2020) discuss lessons that have been learnt from remote working. They reflect on the issues around developing a trusting relationship remotely which requires that the therapist thinks clearly about how the client is experiencing their communication, and to express clearly their interest and engagement in the client's experience. This can be challenging for clinicians, and Chrisman (2020) discusses the importance of workforce well-being including the rapidly emerging concept of 'Zoom fatigue'. Remote working during the pandemic has also had an effect in other ways on workforce well-being, including the lack of boundaries between work and personal life, a sense of loss around nonverbal cues leading to worries about inadequate care and the feelings of lack of control. The author concludes that moral injuries are inevitable. Therefore, if we are to care for our CYP, it is essential that we do the same for our workforce.

The three final articles provide us with valuable directions for the future. Although there is much that we do not yet know about the outcomes of this pandemic, Farquharson and Thornton (2020) state a risk that is known: failure to achieve health equity across communities of colour reflects the clear racial global divides, recently brought to international attention and condemnation by the murder of George Floyd in the United States. Tragically, however, there is little that is new about the health pandemic in terms of this racial divide; the authors quote Martin Luther King 'of all the forms of inequality, injustice in healthcare is the most shocking and inhumane'. This was over 50 years ago but the effects of intergenerational trauma, social determinants and cultural mistrust continue. With this pandemic, we have the opportunity to renew and create the widespread systemic change that the authors call for.

Tan and Fulford (2020) highlight the potential for resilience found in CYP after other disasters, and the importance of values with regard to how we implement systemic change: we need a common language to reflect shared values; person-centred care; and values-based practice which includes what matters to staff, as well as families. They set us the challenge of 'building back better' in response to emerging changing values and discuss the Gross Ecosystem Product for a sustainable green future for our CYP. The COVID-19 crisis presents an opportunity to develop not only evidence-based but also values-based systems.

Lastly, Pavarini et al. (2020) inspire us with their stories about the importance of civic engagement for young people. Anxiety, uncertainty and lack of control are all experiences reported by young people globally; many young people do not trust their government leaders to make decisions on their behalf during this time, and they experience deep anxieties around the broader impacts of this crisis on communities around the world. Many young people report having regained a sense of control during the crisis, through community and civic engagement, and, as discussed above, through 'pursuit of a valued outcome', which has long-lasting positive effects on well-being. The authors argue that building young people's resilience through the COVID-19 crisis should involve more than tracking their mental health or 'giving voice' to their experiences. By allowing young people to achieve agency, we can contribute to the development of resilient citizens and strengthen our communities' responses to future global crises. And who can argue with that?

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Acknowledgements

Ethical information

No ethical information was required for this editorial.

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