



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.

REFERENCES

1. Asbury K, Fox L, Deniz E, Code A, Toseeb U. Brief report: How is COVID-19 affecting the mental health of children with Special Educational Needs and disabilities and their families? *PsyArXiv*. 2020; Apr 21.
2. Factor RS, Condy EE, Farley JP, Scarpa A. Brief report: Insistence on sameness, anxiety, and social motivation in children with autism spectrum disorder. *J Autism Dev Disord*. 2016;46:2548-2554.
3. Courtenay K. COVID-19: challenges for people with intellectual disability. *BMJ*. 2020 Apr 29;369.
4. Cox DJ, Plavnick JB, Brodhead MT. A proposed process for risk mitigation during the COVID-19 pandemic. *Behav Anal Pract*. 2020;13:299-305.
5. Eshraghi AA, Li C, Alessandri M, *et al*. COVID-19: overcoming the challenges faced by individuals with autism and their families. *Lancet Psychiatry*. 2020;7:481-483.
6. Colizzi M, Sironi E, Antonini F, Ciceri ML, Bovo C, Zocante L. Psychosocial and behavioral impact of COVID-19 in autism spectrum disorder: an online parent survey. *Brain Sci*. 2020;10:341.
7. Rose J, Willner P, Cooper V, Langdon PE, Murphy GH, Stenfert Kroese B. The effect on and experience of families with a member who has intellectual and developmental disabilities of the COVID-19 pandemic in the UK: developing an investigation. *Int J Dev Disabil*. 2020;14:1-3.
8. Turk MA, Landes SD, Formica MK, Goss KD. Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis. *Disabil Health J*. 2020; May 24: 100942.
9. Toseeb U, Asbury K, Code A, Fox L, Deniz E. Supporting families with children with special educational needs and disabilities during COVID-19. *PsyArXiv*. 2020; Apr 21.
10. Smile SC. Supporting children with autism spectrum disorder in the face of the COVID-19 pandemic. *CMAJ*. 2020;192. E587-E587.

School Closures and Social Anxiety During the COVID-19 Pandemic



To the Editor:

In their recent systematic review, Loades *et al.*¹ reported on the effects that social isolation and loneliness may have on children and adolescents during the global 2019 novel coronavirus disease (COVID-19) pandemic, with their findings suggesting associations between social anxiety and loneliness/social isolation. While this is undoubtedly true for many children and adolescents, it is also worth commenting on the subset of children and youths with social phobia for whom a temporary lessening of distress may be observed while schools are closed owing to a lack of exposure to anxiety-provoking situations in the school environment.

Exposure to feared situations is generally regarded as an essential component of anxiety treatment.² School environments typically provide a plethora of opportunities for social exposure. Needless to say, opportunities for exposure to social situations have been exceedingly limited for many children and youths during the COVID-19 outbreak. Furthermore, in many jurisdictions, citizens are being commended by politicians and public health officials for engaging in practices aimed at mitigating viral spread, including physical distancing and avoiding nonessential travel outside of their homes.³ As a result, people with social anxiety disorder are receiving

positive reinforcement for avoiding the very situations to which psychological treatment would encourage exposure. In addition, avoidance begets further avoidance by way of negative reinforcement,⁴ and acute destabilization for socially anxious children and youths is foreseeable when schools reopen and attendance is expected. Loades *et al.*¹ aptly acknowledged the limitations of extrapolating existing evidence to the current context. Indeed, the mixture of limited opportunities for social exposure combined with aspects of both positive and negative reinforcement for avoidance of exposure highlights the uniqueness of circumstances resulting from the COVID-19 pandemic.

Despite pragmatic challenges imposed by the COVID-19 outbreak, it is imperative that treatment of social anxiety disorder continue during the pandemic. Clinicians employing cognitive-behavioral therapy may consider shifting their interventions to address negative beliefs and processing of events, rather than emphasizing exposure. Creative and innovative treatment strategies are also called for. Loades *et al.*¹ suggested that digital interventions may facilitate treatment for children and adolescents during times of social isolation. Indeed, health care providers in various fields are increasingly turning to virtual care technologies to limit physical meetings between patients and clinicians to mitigate viral spread.⁵ In treating social anxiety, clinicians should consider exposure to social and performance situations using virtual means.

Clinicians may be lulled into a false sense of security when socially anxious children and adolescents report improvement concurrent with school closures. However, this does not obviate the need for continued treatment during the pandemic. Such improvement is likely to be short-lived, and children and youths with social anxiety disorder will face significant challenges when schools reopen, highlighting the need for continued treatment during the pandemic.

Matthew Morrisette, MD

Accepted August 31, 2020.

Dr. Morrisette is with the University of Alberta, Edmonton, Alberta, Canada.

The author has reported no funding for this work.

ORCID: <https://orcid.org/0000-0002-1624-0813>

Disclosure: Dr. Morrisette has reported no biomedical financial interests or potential conflicts of interest.

Correspondence to Matthew Morrisette, MD, 1E1, 8440 112 Street NW, Edmonton, Alberta, Canada T6G 2B7; e-mail: matthew.morrisette@ahs.ca

0890-8567/\$36.00/©2020 American Academy of Child and Adolescent Psychiatry

<https://doi.org/10.1016/j.jaac.2020.08.436>

REFERENCES

1. Loades ME, Chatburn E, Higson-Sweeney N, *et al.* Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Psychiatry.* 2020;59:1218-1239.e.
2. Banneyer KN, Bonin L, Price K, Goodman WK, Storch EA. Cognitive behavioral therapy for childhood anxiety disorders: A review of recent advances. *Curr Psychiatry Rep.* 2018;20:65.
3. Centers for Disease Control and Prevention. Social distancing, quarantine, and isolation; <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>. Accessed June 30, 2020.
4. Morris TL, Ale CM. Social anxiety. In: McKay D, Storch EA, eds. *Handbook of Child and Adolescent Anxiety Disorders.* New York, NY: Springer; 2011:289-302.
5. Webster P. Virtual health care in the era of COVID-19. *Lancet.* 2020;395:1180-1181.

Dr. Loades and Prof. Reynolds Reply



It is heartening to see that our rapid systematic review¹ is stimulating others to highlight the needs of particular subsets of vulnerable children and adolescents. We found evidence that loneliness in children and adolescents is associated with increased depression and anxiety symptoms both cross-sectionally and longitudinally. We agree with Dr. Morrissette² that children and adolescents with social phobia merit additional consideration in the 2019 novel coronavirus disease (COVID-19) pandemic. Speculatively, we suggest that many children and adolescents who did not have social phobia before the pandemic may begin to experience worries about social situations as schools reopen. Furthermore, we hypothesize that a range of mental health symptoms including social phobia are likely to become more obvious as many pupils return to school.

Social phobia, also known as social anxiety disorder, describes an extreme distressing and disabling fear of being judged by others. Those who struggle with social anxiety worry about situations in which they may be observed by other people, including having a conversation, doing a presentation, and eating or drinking in public. Social anxieties often emerge during adolescence as the peer group becomes an increasingly important source of identity and approval.³ During the COVID-19 pandemic, disease containment measures have meant that most children and adolescents have had minimal or no in-person social interaction with their friends and peers. This means that they will be out of practice, and all will need time to reconnect with others, who may have developed at different rates and in different ways during the break in contact. For some children and adolescents, including those who were socially anxious before the pandemic, their fears of negative evaluation and resultant anxiety may prevent them from being able to reengage socially without extra support.

Some children and adolescents may have been able to keep in touch with their friends via digital means such as social media and video conferencing. However, children and adolescents with social phobia may have avoided these methods of contact or struggled to use digital communication. For instance, frequent delays and disruptions in communication may be (mis-) attributed to others being unfriendly or uninterested,⁴ and seeing oneself on screen during a video call may increase negative, self-focused attention.⁵

There are several reasons why mental health problems are likely to become evident as children and adolescents return to school. As Dr. Morrissette points out,² the lack of exposure to feared situations has meant that anxious children and adolescents have not been facing their fears, which is likely to have further amplified and reinforced them. Core beliefs, such as “the world is dangerous,” may have been triggered or heightened by the threat of an invisible virus and associated public health messaging. Public health messages and coverage in the mainstream media may have increased attention to physical symptoms and thus anxiety about health and well-being in children and their parents.⁶ For children and adolescents for whom absence from school has been a positive experience, returning to school may be extremely challenging. Finally, some children and adolescents will find it very difficult to adapt to a new socially distant school environment, where many familiar and welcome routines have been changed. Given these multiple pathways to new mental health problems as well as the likely amplification of preexisting difficulties, it is highly likely that school staff will observe elevated rates of distress and behavioral challenge. Schools and mental health services therefore need to be prepared for this prospect.

Maria Elizabeth Loades, DClinPsy
Shirley Reynolds, PhD

Accepted August 31, 2020.

Dr. Loades is with the University of Bath, Claverton Down, Bath, and the University of Bristol, United Kingdom. Prof. Reynolds is with the School of Psychology and Clinical Language Sciences, University of Reading, United Kingdom.

The authors have reported no funding for this work.

Author Contributions

Conceptualization: Loades

Writing – original draft: Loades

Writing – review and editing: Reynolds

ORCID

Maria Elizabeth Loades, DClinPsy: <https://orcid.org/0000-0002-0839-3190>

Shirley Reynolds, PhD: <https://orcid.org/0000-0001-9975-2023>

Please see the disclosure statement in the original article published in November 2020.