



LIFE IN LOCKDOWN | CHILD & ADOLESCENT MENTAL HEALTH DURING THE COVID-19 PANDEMIC

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The COVID pandemic is focusing
Global attention on child and adolescent mental health
Like never before.

Before the pandemic
Mental Health conditions affected about
1 in 8 children and adolescents aged **6-18** years .

It was also estimated pre-pandemic
That around **50** per cent of mental health conditions
arise before **age 14** and **75** per cent by the **mid-20s**

Our review, *Life in Lockdown*, explores the immediate effects of COVID-19 on children and implications for policies, programmes, research

What has been the immediate impact of COVID-19 and associated containment measures on the mental health and psychosocial well being of children and adolescents?

Which risk and protective factors have affected the mental health of children and adolescents during the COVID-19 pandemic, and how have these factors varied across subgroups of children and adolescents?

Findings were based on 84 peer reviewed sources and covered more than 130,000 children across 22 countries.

Key Findings: Attitudes, behaviors and mental health conditions



DEPRESSION

Increase in sadness, loss of interest in activities, hopelessness, low energy, irritability.



FEAR AND ANXIETY

Moderate and mild anxiety reported by children and parents across regions and age groups.



SUICIDAL BEHAVIOUR

Limited evidence but these should not be assumed to have increased as a result of the pandemic.



TRAUMA AND POST-TRAUMATIC STRESS

Increased stress and adjustment issues among adolescents due to fear of infection, quarantine, lockdowns and disruptions.



EXTERNAL BEHAVIOR

Increase in anger, negativity, irritability and inattention, particularly children with ADHD/autism.



ALCHOL AND SUBSTANCE USE AND ABUSE

Increase in hazardous and problematic alcohol and substance use among adolescents, especially boys.



LIFESTYLE BEHAVIOURS

Increase in sedentary behavior, screen time, irregular sleep patterns.

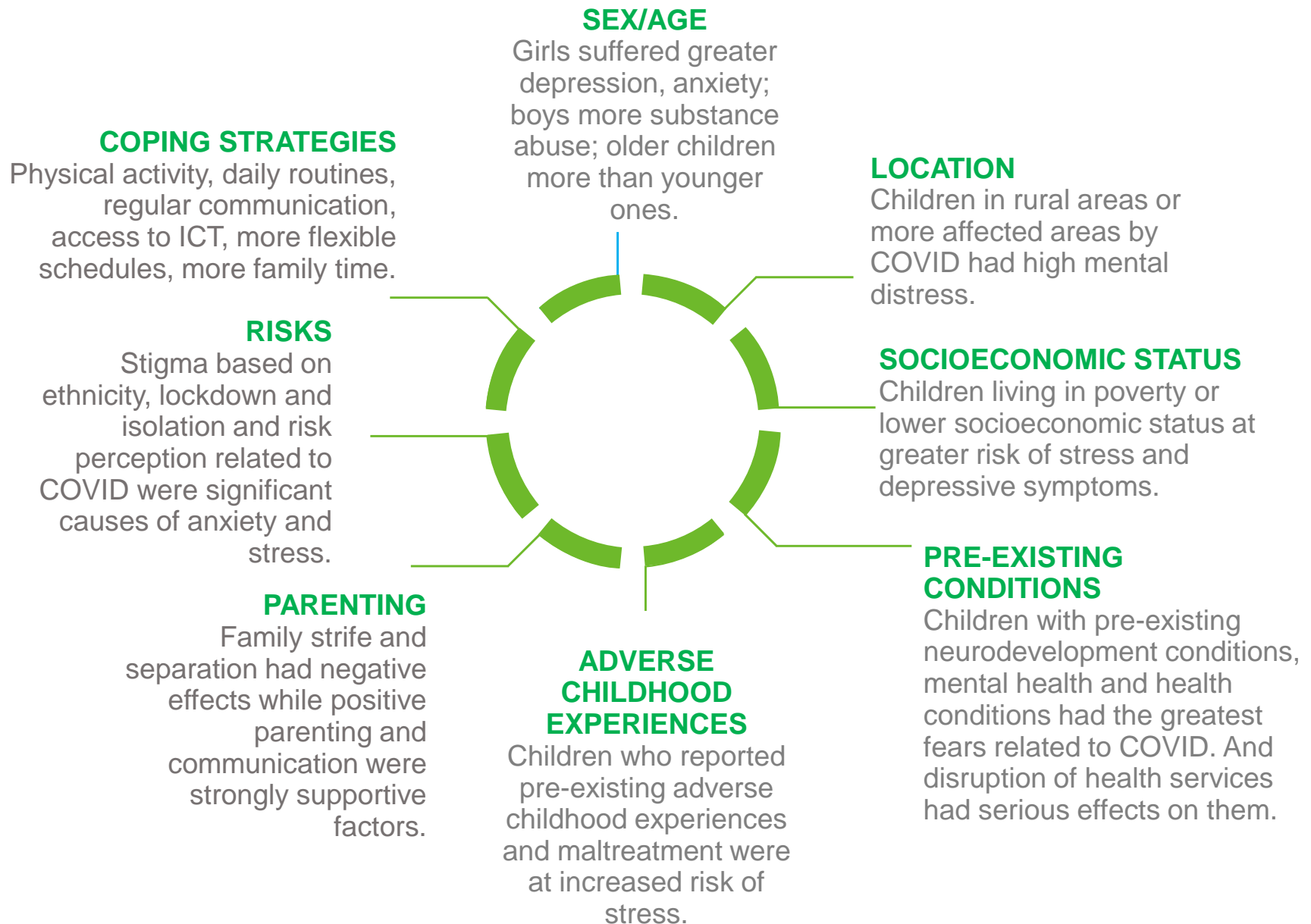


POSITIVE MENTAL HEALTH OUTCOMES

Benefits from quality family time, less exam stress and bullying, and engaging with positive activities at home.



Key findings: Risk and protective factors



Key findings: implications for policy and programming and research

FAMILY FRIENDLY POLIICES

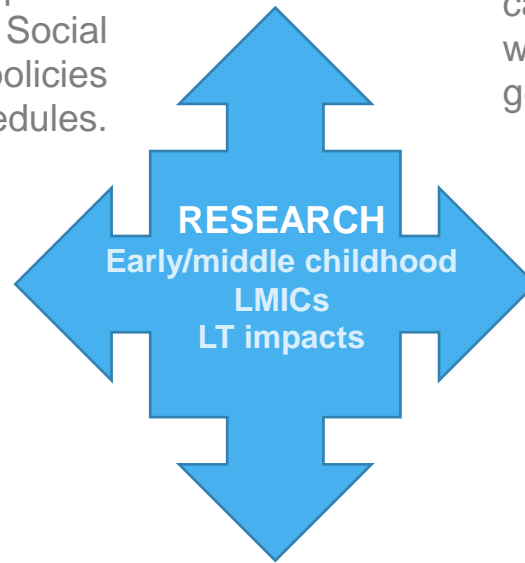
Early childhood development
Parenting programmes. Social protection. Pro-family work policies that provide for flexible schedules.

DIGITAL TECHNOLOGIES

Improve access to ICT and enhance safeguards against online protection risks.

STIGMA AND DISCRIMINATION

Broaden and deepen dialogue and intervention on mental health stigma and discrimination in general.



INTERVENTIONS AND SERVICES

Investment in quality mental health care services. Support to frontline workers. Scale age-appropriate and gender-sensitive interventions.

PHSICAL ACTIVITY AND GOOD NUTRITION

Access to physical recreation and improved nutrition support enhanced mental well being of children.

SAFE SCHOOLS FOR MENTAL HEALTH

Bullying prevention. Catch up activities. Reduce exam stress. Make more inclusive. Support teachers.

AT RISK YOUNG POPULATIONS

Greater attention for those with pre-existing mental health conditions and those more affected by pre-existing adverse childhood experiences or contexts.

Through its Children and COVID-19 Research Library

[UNICEF Innocenti: Children and COVID-19 Research Library](#)

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**UNICEF Innocenti is committed to curating
The best emerging evidence of the impact of COVID
On the world's youngest citizens, including
Their mental health.**

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