1. **Ladies and Gentlemen**. I am deeply honoured to be delivering this short intervention today in this magnificent setting and at this eminent forum.

2. But before we address youth mental health during the COVID crisis, **let's go back almost two years ago**, before the pandemic began.

3. Alarming estimates show that even before the COVID crisis, <u>1 in every 7</u> of the world's children and adolescents experiences a mental disorder….<u>with half of these disorders beginning in the first decade of life</u>.

4. **And then the pandemic struck.** The public measures enacted from early 2020 to temper the pandemic left hundreds of millions of children unable to attend school, restricted their freedom of movement, and isolated them from friends, family, and other social networks. Locked down with parents and siblings, staring at bleak and uncertain futures as job losses mounted and economies crashed, the early days of the pandemic presented a frightening backdrop for child and adolescent mental health.

5. **At UNCIEF we began a study on children's *Life in Lockdown* and its impact on their mental health. Our round-up of evidence on youth mental health** shows elevated levels of mood disorders such as fear and anxiety and depression, substance abuse and sedentary behaviours compared with pre-pandemic rates in child and adolescents.

6. **Among many studies review on countries** such as China, India, Italy, Turkey and the United States, children and adolescents reported increases in stress, anger, irritability, inattention, alcohol/substance, and irregular physical activity and sleep patterns during government-imposed lockdowns and school closures.

7. **Perception of the risk of contracting the virus or infecting their families** was a major cause of anxiety, depression, and stress for children and adolescents. And the home environment and family factors, including harsh discipline, domestic violence, lack of family support and pre-

existing adverse childhood experiences, have also been also key drivers of negative mental health outcomes.

8. **For children with pre-existing or chronic health and mental health conditions**, the disruption of routine care and mental health service provision has grave consequences. According to the World Health Organization's global survey, mental health services for children were disrupted in more than two-thirds of the 130 countries surveyed, while school mental health services were disrupted in 4 out of 5 countries on average.

9. **Different groups of children have been affected by COVID in diverse ways**, and not all children have been affected equally. Children and adolescents who faced the greatest mental health risks often come from disadvantaged families, have pre-existing mental health conditions, or a history of adverse childhood experiences.

10. **There was a difference in mental health risks, too, between boys and girls**. Girls were at greater risk of depressive symptoms, anxiety and behavior issues, while boys were at greater risk of substance abuse.

11. **There were also key concerns around caregiver mental health**, especially young women aged 18-24, and young mothers with children under 5 who appear to have suffered the greatest declines in mental health during the pandemic.

12. **The role of digital technology on youth mental health and well-being has never been more important for children and adolescents than during the pandemic.** While studies have often highlighted the negative effects and risks for children using the internet, use of digital technology during the pandemic provided vital social connectedness, remote learning opportunities, and a way to cope with isolation and stress for millions of children and adolescents.

13. **Overall, our findings show that although psychological distress increased in the early months of the pandemic, they had mostly returned to pre-pandemic levels by late 2020 and beyond**. But we must not forget that the pre-pandemic levels of child and mental health were deeply concerning, and that youth mental health urgently needs to be addressed through strategic and long-term investment, programming and interventions.

14. **The enduring effects of the COVID pandemic will only be known in the years to come.** With subsequent waves of COVID-19, and new epidemics potentially emerging, youth mental health – which declined faster and further compared to the rest of the population during the pandemic – merits special attention and investment in the years to come.

15. **We at UNICEF believe that <u>six</u> issues must be prioritized** as we seek to build back better for youth mental health.

16. **First, we simply need more <u>evidence</u> on child and adolescent mental health**. Despite the good efforts of WHO, UNICEF and others, we simply know <u>too</u> little about the state of youth mental in any of its dimensions, and particularly in many low- and middle-income countries.

17. **Second, we must plan and invest in mental health services and interventions for children and adolescents**. To ensure that health systems adequately address youth mental health issues, mental health budgets must also support <u>maternal, child and youth mental health services</u>. Mental health budgets remain minuscule even among high-income countries, and almost non-existent in many less affluent nations.

18. **Third, even among the child and adolescent population we must design and target interventions for sub-groups most at risk**. Such groups include those with pre-existing adverse childhood experiences, children exposed to negative parenting styles, children affected by violence or conflict, and children with chronic physical and neurodevelopmental issues who may perceive greater risk of virus infection will be critical.

19. **Fourth, interventions must address gender inequalities** in both the burden of mental illness as well as access to care, through gender-sensitive intervention design and delivery. And they must be tailored to the specific developmental age and stage of the child, including parenting interventions, so that mental health outcomes appropriate to the age are adequately targeted.

20. **Fifth, mental health promotion interventions should build on social support and positive coping strategies. P**hysical activity, positive engagements with family, and adaptive prosocial behaviors in

the community and civic engagement will be as important as treatment and prevention interventions.

21. **Finally, we should harness digital technologies**, including web-based platforms for eMental health care and for promoting learning and social connectedness which have been critical during the pandemic.

---

22. **With the <u>right</u> support**, most children will have the resilience, flexibility and support to overcome not only the mental health impacts of the COVID pandemic but also to maintain and enhance their positive mental beyond the pandemic.

23. *Thank you*.