

Just as we entered the dawn of 2020, somewhere in mainland China there was an outbreak of a disease that came to be known as COVID-19. However, by no stretch of the imagination could anyone have known that this would leave such a devastating impact across the world. Before the world could take cognisance of it, many events unfolded at lightning speed. The rate of the spread of the infection was so fast that more than 200 countries were affected within a few weeks, forcing the WHO to declare it a 'pandemic' on 11 March 2020. This black day brought into focus the fact that policymakers, in even the most developed countries, were caught unawares against a microscopic organism that could transcend boundaries and jeopardise the most robust healthcare systems.

The lack of clarity about the virus, its origin, precipitating factors, diverging views from the scientific community, unverified information and other factors only added to the confusion, rather than helped in providing a resolution to the mounting crisis. In the meantime, people were collapsing like packs of cards, and many lost their kith and kin, livelihoods and homes. The fear of death and getting infected surfaced across all age groups and grim news in the form of dashboards, similar to stock market news, appeared all over the media. These dashboards initially focused on mortalities which created panic and fear of death, impacting people with fragile minds the most.

Immediate impact

To prevent the spread of the disease, governments brought in social restrictions on gatherings and closure of schools (which was most disruptive to children's lives), business establishments, parks and outdoor activities, resulting in abrupt changes to routines as well as huge financial losses.

In addition, being subjected to disharmony at home, increased exposure to pre-existing vulnerabilities (drug and alcohol dependence, domestic violence, and mental illness in family members), excessive screen use and unhealthy diet have contributed to stress and affected the psychological balance of

vulnerable individuals. The immediate impact was felt severely by terminally-ill patients, who could not be administered treatment on time. These risk factors, along with environmental factors, such as lockdowns and uncertainty regarding resumption of services, have had a bearing on learning capacities, adaptive behaviours, productivity, physical and mental health of children and threatened growth and development and may compromise their holistic development.

The issues and problems were compounded by the most important question in the minds of all people: when will COVID-19 end? There is no answer for this till date, which adds to fear of subsequent waves of the disease and a lingering fear of repeated lockdowns. It became apparent that children were one of the most affected, as they had witnessed gloom and despair all around, all the time, when they were, in fact, supposed to be enjoying the formative years of their lives.

Deeper impact

Each individual is unique and certain problems generally occur at various stages in life. However, in this peculiar situation, *everyone* went through the same set of problems at the same time, leading to more trauma as there were fewer coping mechanisms and support systems to buttress such large-scale shock. The risk of illness, protective confinement, social isolation, and increased stress level of parents and caregivers, produce potential risks to child development. Some of the manifestations among children are:

Anxiety disorders

This is the most common mental health problem in children and those who suffer from an anxiety disorder typically have impairment in multiple domains of daily functioning.

- Difficulty in concentrating
- Always crying and being clingy
- Lack of proper sleep or waking in the night with bad dreams
- Not eating properly

- Getting angry or irritable easily
- Losing control during outbursts
- Always worrying or having negative thoughts
- Getting tense and fidgety frequently
- Using the toilet more than usual

Depression

- Feeling low or sad persistently, for a long time
- Being irritable all the time
- Lacking interest in things that they enjoyed
- Exhibiting tiredness and exhaustion most of the time
- Talking about feeling guilty or worthless
- Numbness of emotions or feeling of hopelessness or emptiness
- Suicidal tendencies
- Self-harm, for example, slashing their wrists or taking medicine overdose
- Over-eating or eating less than usual

Acute stress disorder

- Psychological symptoms such as anxiety, low mood, irritability, emotional ups and downs, poor sleep, poor concentration, wanting to be alone
- Not feeling emotionally connected with anyone
- Frequent disquieting and unpleasant dreams or flashbacks
- Avoidance of anything that might trigger memories
- Reckless or aggressive behaviour that may be self-destructive

Post-Traumatic Stress Disorder (PTSD)

- Having scary thoughts and memories of a past event or events
- Emotionally numb for a long time
- Sleep problems
- Feeling nervous, jittery, or alert and watchful (on guard)
- Losing interest in things that they enjoyed and seeming detached, numb or unresponsive
- Having trouble showing affection
- Being more aggressive than before, even becoming violent
- Staying away from certain places or situations that bring back memories
- Having flashbacks. These can be images, sounds,

smells, or feelings. The child may believe the event is happening again

Obsessive Compulsive Disorder (OCD)

- Excessive concern with cleanliness
- Extreme fears about bad things happening or doing something wrong
- Frequent hand-washing
- Repeated doubts, for example, checking whether a door is locked
- Too much attention to detail
- Worrying too much about something bad happening
- Repeating their own or others' words
- Asking the same questions again and again
- Following firm rules of order, such as putting on clothes in the very same order every day
- Disturbing and unwanted thoughts or images about hurting others

What teachers can do

Take the problems seriously

First and foremost, whatever is causing the problem, take it seriously. It may not seem like a big problem to you, but it could be a major problem for the child.

Talk to the child

By speaking to the child, a teacher can understand the nature of problem – anxiety, fear and worries that the child may be experiencing. If the child does not want to talk to you, let them know that you are concerned and available if they need you. Encourage them to talk to someone else they trust, for example, a friend or a family member. In case of serious issues, such as suicidal thoughts or sexual abuse, teachers must act immediately and seek the help of healthcare professionals and law enforcement agencies.

Child safety

Make sure that the child is safe after the traumatic event and knows where to seek help in case of an emergency. Teachers can provide contact details of people for quick assistance and can also help the child in contacting them.

Emotional support

Children usually receive emotional comfort from family or close friends. In the absence of such a support system, the teacher must step in. Healthcare providers can provide support by

explaining the likely outcome of COVID-19, and teaching coping skills.

Recognition of changes

Help children recognise their feelings and changes in behaviour. This is important because due to stress, a child may feel confused and may not articulate what is happening to them in clear and unambiguous terms.

Checking suicidal thoughts

It is important to evaluate the more troubled children for suicidal tendencies, especially in those with risk factors, such as co-morbid psychiatric conditions like depression.

Practical support

This assumes great importance in the case of emotional trauma, which can arise from the death of parents or close relatives and physical and/or emotional abuse. This is because, apart from the tremendous emotional trauma of the event itself,

the child may need help with reporting the incident to the police and in finding someone to provide the support needed, for example, for getting leave from school.

Follow-up visits

Regular follow-up visits to the counsellor are recommended for all children who have experienced significant traumatic events during this period.

A final word

The high levels of stress and several other factors related to COVID-19 have resulted in Adverse Childhood Experiences (ACEs) and could impact children's brain development. To prevent lasting damage, care and support that enhance the feelings of security and affection should be provided to help restore normalcy. To end on a note of optimism, recent research suggests that 68 percent of fathers have become closer to their children as a result of the closer bonding that COVID-19 has enforced.



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