



# COVID-19 and children's mental health: Implications for Qatar

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# **COVID-19 and children's mental health: Implications for Qatar**

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## FOREWORD

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The COVID-19 pandemic has brought a sense of fear and anxiety worldwide, which may have long-term psychosocial and mental health implications for children and adolescents. Evidence shows that children and adolescents have experienced significant disruption in their daily lives as well as anxiety, depression, and stress related to COVID-19.

The pandemic may disproportionately affect children with pre-existing behavioral problems, such as autism, who rely on specialized care. Parents, teachers, policymakers, healthcare and national leaders should recognize that early intervention is crucial to maximize wellbeing.

In this report, we review the evidence on how the pandemic has affected the mental health and wellbeing of children, particularly in Qatar. We highlight strategies to mitigate and tackle these adverse effects for the benefit of generations to come.



A handwritten signature in cursive script, reading "Saxena".

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# SECTION 1: PRIORITIZING CHILDREN'S MENTAL HEALTH IN THE CONTEXT OF THE COVID-19 PANDEMIC

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## Mental health and wellbeing

Strengthening child and adolescent mental health is a key driver of wellbeing. Mental health is also a human right that societies and governments need to protect and promote.<sup>1</sup> The COVID-19 pandemic and subsequent public health response has had a substantial impact on the mental health and wellbeing of children. This has mainly been through indirect social determinants of health that have affected many people across the globe.<sup>2</sup> For example, access to education, income, social inclusion, and access to affordable and quality health services.

## Why is action imperative now?

A recent meta-analysis of 29 studies, which included more than 80,000 children worldwide, found that the prevalence of clinically elevated depression and anxiety symptoms doubled during the pandemic compared with pre-pandemic estimates.<sup>3,4</sup> As in any emergency, a rise in psychiatric morbidity (especially anxiety, traumatic responses, and depression disorders) is expected during the pandemic, and in its aftermath.<sup>5</sup> Reduced contact with peers, education and social disruptions, and fewer opportunities for stress regulation have been identified as key factors affecting mental health and recovery.<sup>6,7,8</sup>

Emerging evidence points to a rise in inequalities in access to health and social protection services over several years, including before the pandemic. Displacement and increasing household poverty and hunger have combined to compound distress in lives of children and their families.<sup>9</sup>

## A persistent gap

Mental disorders have grave consequences for long-term physical, mental, academic, and socioeconomic wellbeing of children and their families. To prevent and treat mental health problems and close the enormous treatment gap for children, it is crucial to identify mental health problems and provide tailored services. Additionally, addressing risk factors early in life can prevent mental ill health later, improve health status, and have a positive impact on

future generations. Pregnancy and the first three years of a child's life are crucial because brain development is most susceptible to environmental effects and related epigenetic alterations. Increased brain plasticity throughout puberty offers a second window of opportunity to improve developmental trajectories and wellbeing – particularly for children who had early adverse experiences – and to foster cognitive, emotional, and social resources for later life.<sup>10</sup> Mental health promotion and prevention present a larger opportunity to promote lifelong health and socioeconomic benefit.<sup>11</sup>

Children's need for mental health services have multiplied during the pandemic while gaps in access have grown. Systematic reviews have shown that young girls, children with neurodiversities or chronic physical conditions, and children of migrants and refugees in transit, were more likely to experience negative mental health outcomes during the pandemic.<sup>12,13</sup>

The World Health Organization (WHO) *Mental Health Atlas 2020*, based on pre-COVID-19 data, showed limited government spending and investment in child mental health services in low-, middle- and high-income countries. Only about half of countries in the report (90 out of 168) had a child mental health policy or plan. Globally there is a median of 13 mental health workers per 100,000 population, but there is extreme variation across income groups.<sup>14</sup> The median number of health workers in child and adolescent health services is even lower at 3.4 per 100,000 population. The lowest number of health workers in child and adolescent services is in the African region, where there are only 0.2 per 100,000 population (based on reporting from 26 countries).

This underscores the need for government investment and scaling up of basic family and community-based mental health services in post-pandemic recovery planning, especially because the pre-pandemic baseline was already far behind where it needed to be. Policy and programs are needed to target children and families directly affected by the damaging health effects of COVID-19, and by wider socioeconomic consequences, such as unemployment and social isolation.

Evidence-based interventions are crucial to promote good mental health, support the development of coping strategies for those in need, and provide prevention and treatment for vulnerable groups.<sup>15</sup> This is particularly important in humanitarian contexts and low- and middle-income countries where children are disproportionately affected.

## Resilient health systems, education and social protection

The pandemic presented unprecedented challenges for governments and the international community, but it also provided an opportunity and a moral obligation to re-think our approaches to managing mental health risks. We must build resilient systems and adopt a more proactive, collaborative, inclusive and prevention-focused approach. The best-managed health systems stood out by continuously building resilience and inclusivity and more effectively addressing adverse social and mental health determinants.<sup>16,17</sup>

The Lancet Commission on Mental Health and Sustainable Development,<sup>18</sup> the WHO-UNICEF-Lancet Commission 2020,<sup>19</sup> and UNICEF's *State of the World's Children 2021* report on mental health and wellbeing<sup>20</sup> all recommend a multilayered approach, including a continuum of preventive, promotive, care and treatment services that target children who are well, those who are at low and high risk, and those requiring focused and specialized support.

Schools are centrally important to children's wellbeing, and they must develop mental health policies that: include programs to promote the mental health of learners, teachers, and education professionals; develop the capacity of educational staff; improve mental health literacy in schools; and create referral pathways for children who require targeted and professional care.

WHO's Nurturing Care Framework<sup>21</sup> and the UNICEF Global Strategic Plan<sup>22</sup> both highlight gaps in support for the youngest children. This emphasizes a need for integrated social and child protection services and an urgency in assuring the human rights of the most vulnerable. To achieve this, policies around planned parental leave, universal access to day care and education for children, urban design, and strong social protection and services, are critical and must be reinforced.

## A multisectoral approach

Since the determinants of child and adolescent mental health are diverse, a whole-of-government and multisectoral approach – across health, education, social and child protection, as well as juvenile justice, labor, peacebuilding, climate, and sports – is needed. These stakeholders must work together to take action to improve child and adolescent mental health across five key areas, as shown in Figure 1.

**Figure 1: A post-pandemic framework for enhancing mental health care for children and adolescents**

 <b>WORKFORCE</b>
<p>Invest in early child development. Build capacity for health, education and social protection workers to deliver comprehensive promotion, prevention, and treatment, keeping vulnerable children in mind. Test novel approaches to task-sharing, collaborative care, and education.</p>
 <b>FINANCING</b>
<p>Budget for costs of staff time, essential medications, psychosocial treatments, and primary, secondary, and specialist care services. Train teachers in mental health and psychosocial programming. Finance mental health promotion targeting caregivers. Invest across sectors (not only health).</p>
 <b>POLICY AND LEGISLATION</b>
<p>Create rights-based, multisectorial legislation, plans, and policies that encompass mental health promotion, prevention, treatment, and rehabilitation.</p>
 <b>RESEARCH</b>
<p>Evaluate services for inclusive health, education and social protection programming, mental health epidemiology, and culturally appropriate care for caregivers and children. Track adverse childhood and community exposures. Explore novel technological approaches to develop new interventions at scale.</p>
 <b>ADVOCACY</b>
<p>Target advocacy nationally and locally for children at increased risk of mental ill health. Publish standards for promotion, prevention, and treatment and wellbeing policies in schools.</p>

We've come a long way from reactive models of care treatment to a more holistic, effective approach to mental health and wellbeing. Yet much work is needed to create a continuum of care that: promotes wellbeing; prevents poor mental health by addressing risks and enhancing protective factors; and ensures quality and accessible care for young people with mental health conditions, and their caregivers. This requires the mobilization of all sectors and investment in mental health services across health, education, social welfare and justice. It also means engagement with communities, schools, parents, service providers, and children and adolescents.



## SECTION 2: CHALLENGES AND POLICY IMPLICATIONS FOR QATAR

Sanaa AlHarahsheh, Ahsan Nazeer, Samya Al-Abdulla, Iain Tulley, Roberto Bertollini

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“As we consider investing in a strong recovery, support for children’s mental well-being must be a priority (...) I also urge those in authority to take children’s views and experiences into account.”

António Guterres, UN Secretary-General, 8 July 2021

Once the WHO declared COVID-19 a global pandemic in March 2020,<sup>23</sup> many governments, including Qatar’s, quickly introduced measures to limit transmission. These included travel restrictions, school closures, lockdowns, curfews, quarantine, and social distancing.<sup>24</sup> Some evidence indicates that quarantine conditions, although helpful in preventing disease spread, adversely affected people’s mental health.<sup>25,26</sup>

Children with pre-existing mental illnesses, and those who rely on specialist or community-based healthcare services, may be disproportionately affected by COVID-19 public health measures through not having their needs met.<sup>27,28,29</sup> Evidence indicates that children and adolescents were more likely to be exposed to violence during lockdowns, and their increased reliance on electronic devices impaired sleep and appetite, resulting in an epidemic of weight gain and cardiovascular illnesses.<sup>30,31,32,33,34</sup>

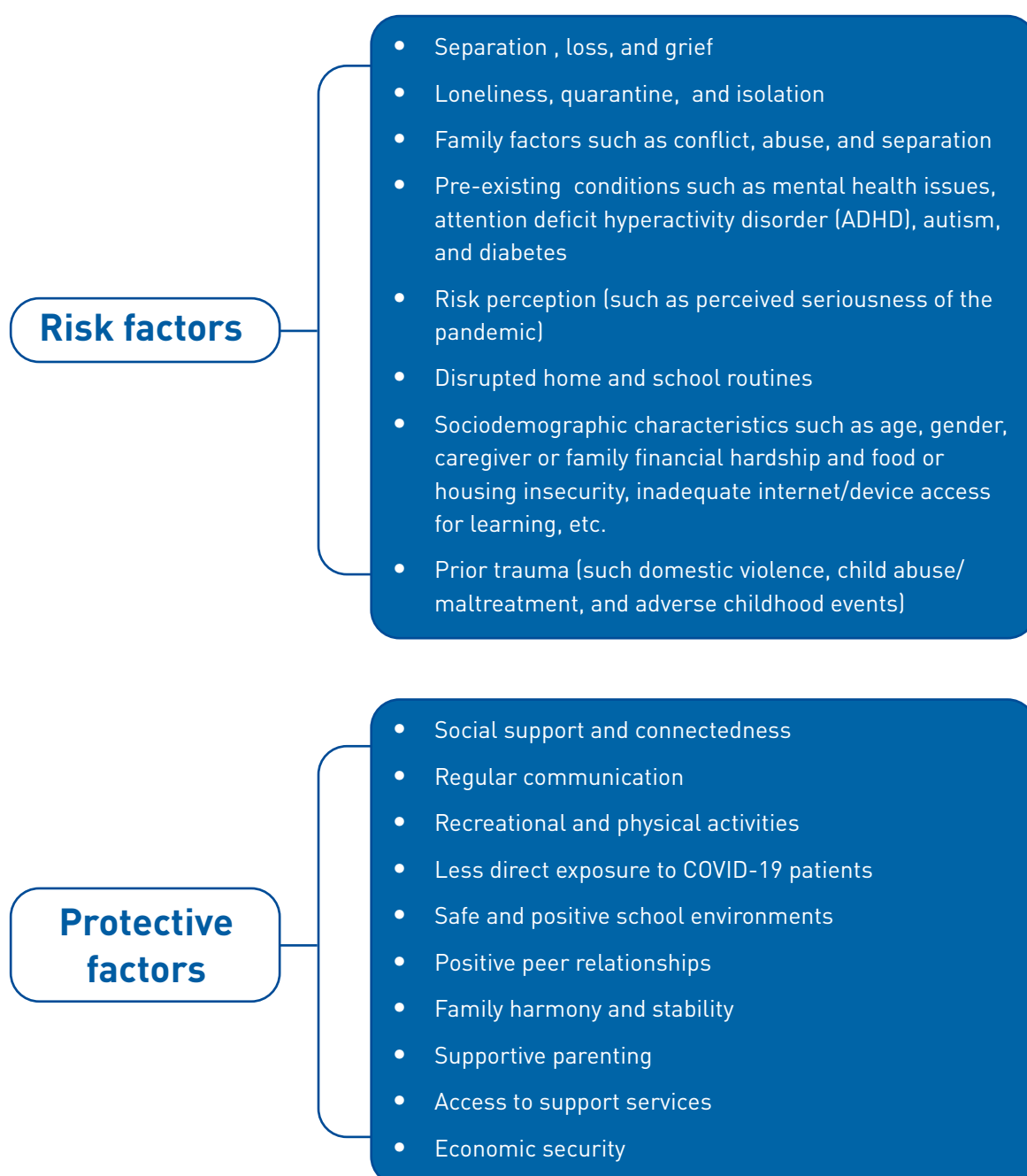
COVID-19 has caused an alarming increase in mental health problems in children and adolescents.<sup>35,36</sup> Increased internet use has exposed children to unfiltered media reports, online gambling, and cyberbullying. Parental mental illness, domestic violence, and child maltreatment have increased the risk of children developing serious mental health problems.<sup>37,38</sup>

However, it is important to note that not all mental health effects associated with the pandemic are negative. Some children and adolescents report perceived physical and emotional benefits from home confinement (such as time spent with family members) and school closure (for example, respite from schoolwork, exam stress, and bullying at school), which correlated positively with life satisfaction.<sup>39</sup>

## Factors affecting children’s mental health and wellbeing during COVID-19

Figure 2 gives examples of risk factors and corresponding protective factors for mental ill health. Factors contributing to or protecting against risk can be additive or cumulative. To assess research evidence, programming, and policy implications, it is crucial to understand how these factors interact and how they affect psychological outcomes.<sup>40,41,42</sup>

**Figure 2: Risk and protective factors for children’s mental health during COVID-19**



## COVID-19 effects on mental health of children and adolescents in Qatar

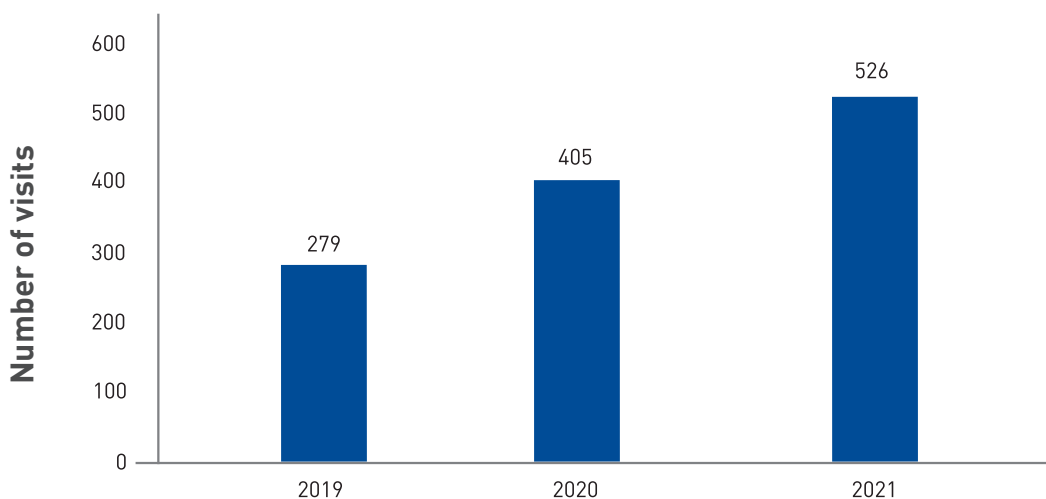
High-quality research and data on the mental health consequences of COVID-19 on children and adolescents in Qatar are limited. As centralized data is unavailable, we present data collected directly from local healthcare facilities, including Primary Health Care Corporation (PHCC), Hamed Medical Corporation (HMC), and Sidra Medicine.

### Primary Health Care Corporation (PHCC)

In Qatar, PHCC’s family medicine clinic is first point of entry to access mental health care. During the first two years of the pandemic (2020 and 2021), PHCC recorded an increase in visits of children and adolescents related to any emotional or mental health issues. From 2019 to 2021, new appointment visits to family physicians rose 31 percent, from 1,683 to 2,212.

A general pediatric specialty clinic opened in 2019. Between 2019 and 2021, the number of visits by children with emotional difficulties nearly doubled (see Figure 3).<sup>43</sup>

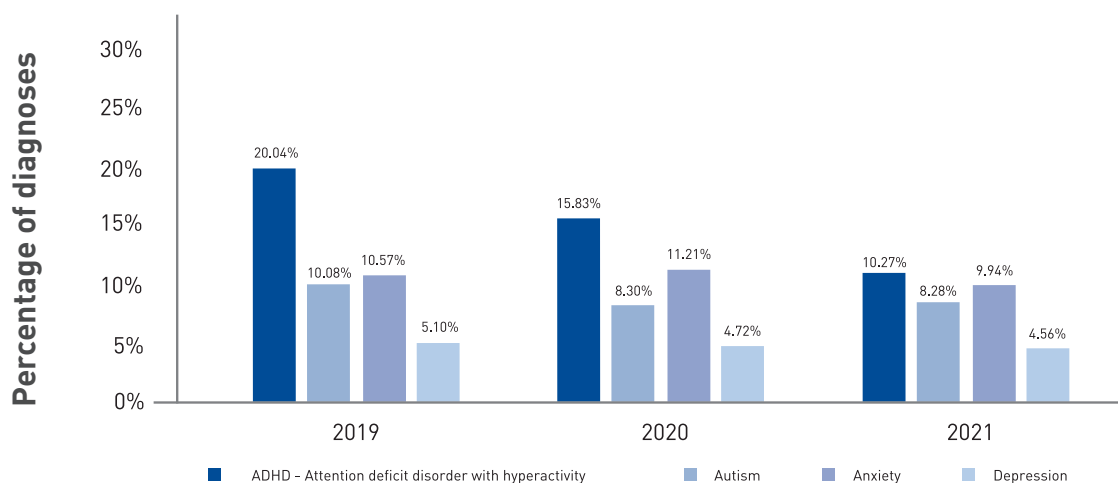
**Figure 3: Visits to PHCC General Pediatric Clinic among children aged 0–18 years for any mental or emotional disorder**



Source: PHCC.

In general, the most common diagnoses of children aged 0–18 years were attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), anxiety, and depression (see Figure 4). However, it is important to note that mental health diagnoses might be underrepresented due to errors in recording medical notes and data extraction.

**Figure 4: Common mental health diagnoses of children and adolescents, aged 0–18 at PHCC\***

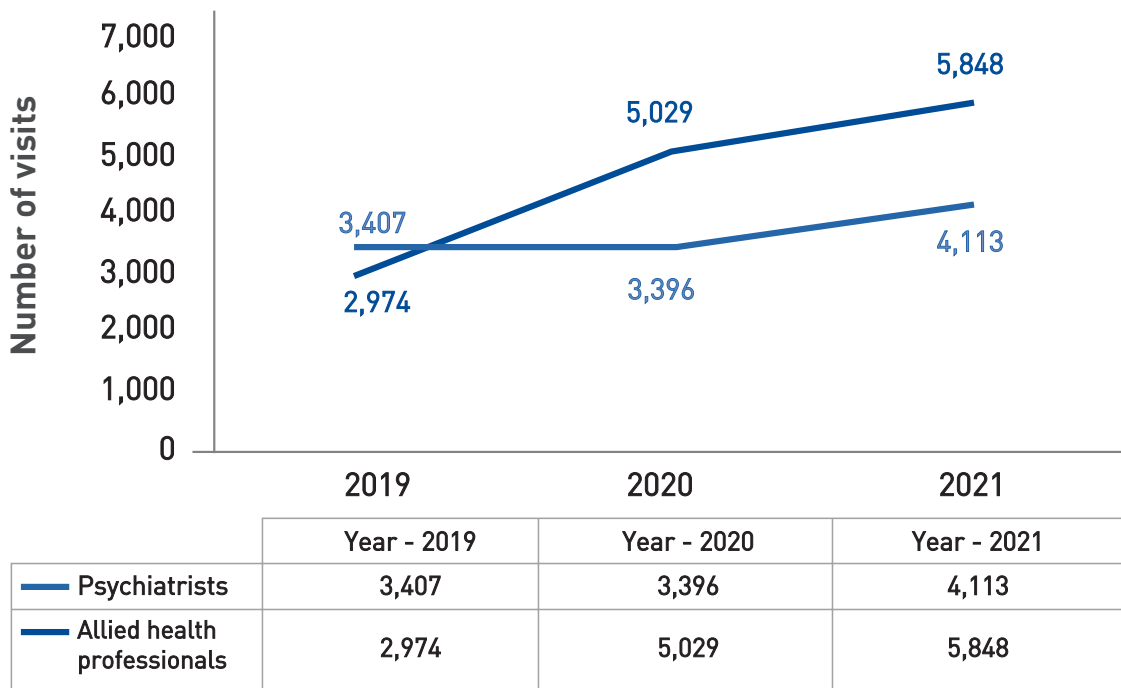


Source: PHCC.

## Hamad Medical Corporation (HMC)

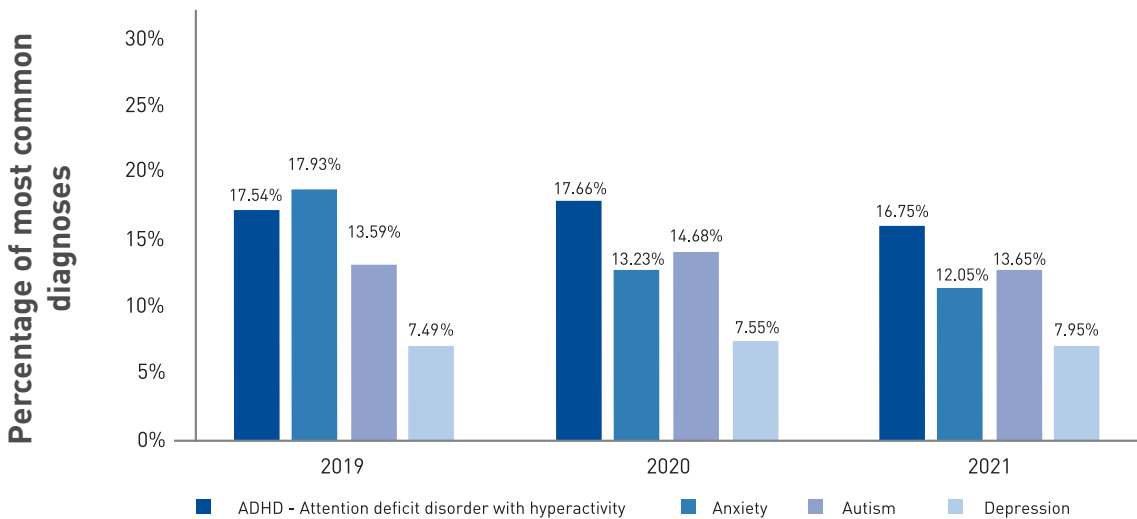
HMC provides most adult mental health services in Qatar and also has a dedicated child and adolescent mental health service (CAMHS) for assessment and treatment. Outpatient consultations with psychiatrists during the COVID-19 pandemic years rose 30 to 35 percent (see Figure 5), with ADHD, ASD, anxiety, and depression among the most common reasons for seeking treatment (see Figure 6).<sup>44</sup> Similarly, consultations with allied health professionals in CAMHS, (including psychologists, speech therapists, dieticians, occupational therapists), almost doubled in the past two years.

**Figure 5: Child and adolescent mental health outpatient visits at HMC**



Source: HMC.

**Figure 6: Common mental health diagnoses of children aged 0–18 years, at HMC**

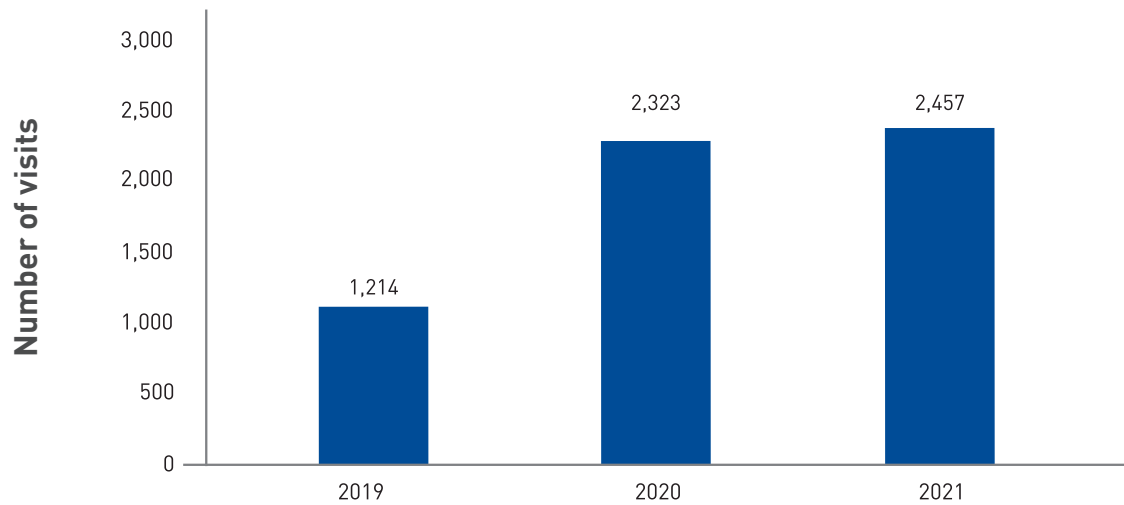


Source: HMC.

## Sidra Medicine

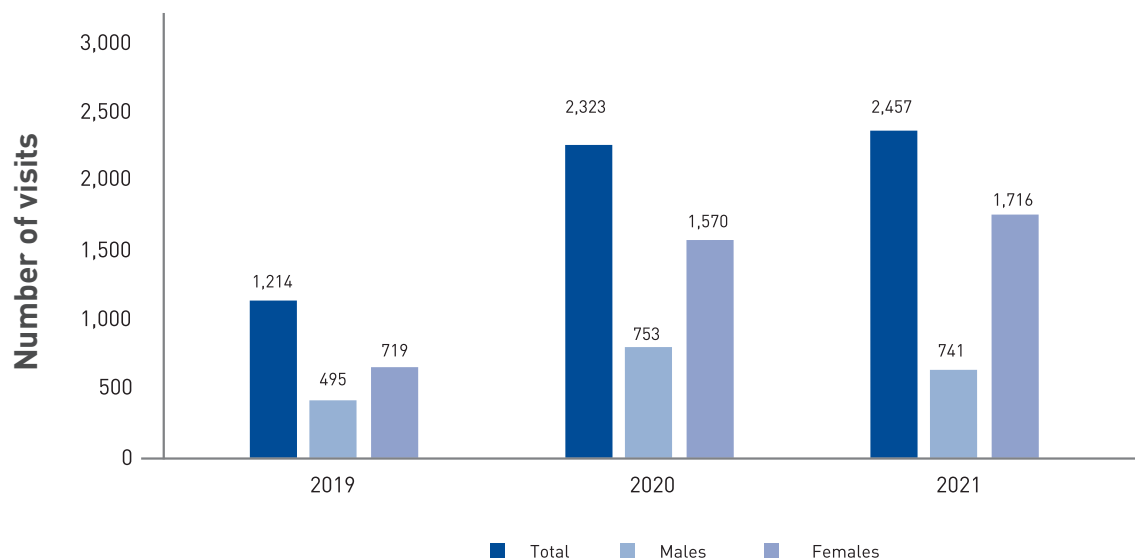
Sidra Medicine is a women and children’s hospital. At the peak of the COVID-19 pandemic, Sidra’s CAMHS saw a 37 percent increase in outpatient visits, a 92 percent increase in the number of psychiatry inpatient visits, and a 44 percent increase in consultation-liaison visits (see Figure 7).<sup>19</sup> The number of visits increased for both male and female patients, however, the increase was greater for females (Figures 8 and 9).<sup>45</sup>

**Figure 7: Total visits to child mental health services at Sidra Medicine**



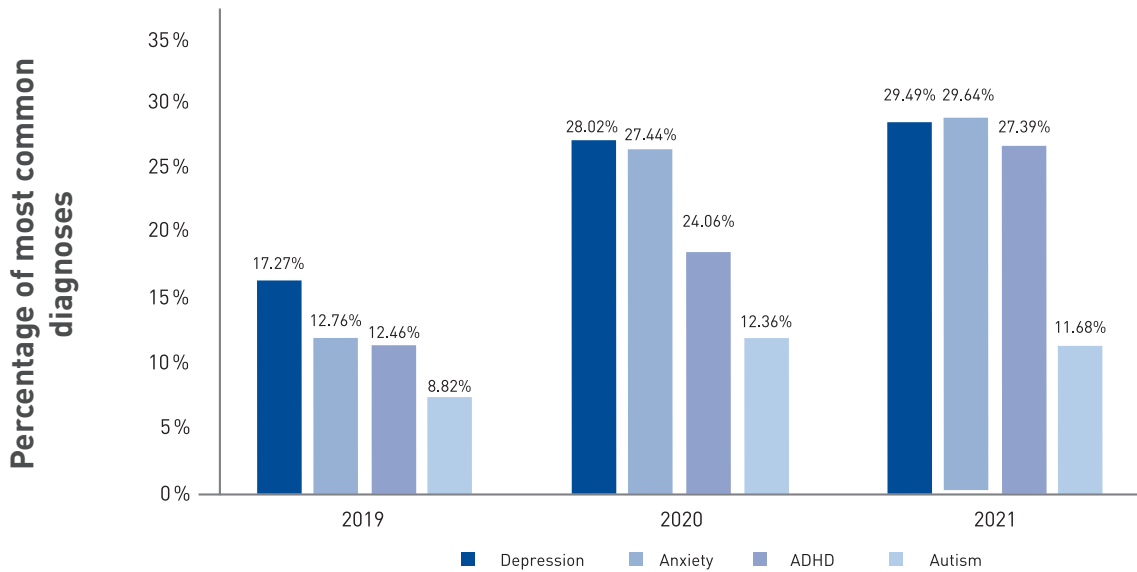
Source: Sidra Medicine.

**Figure 8: Number of visits by children with mood and anxiety disorders**



Source: Sidra Medicine.

**Figure 9: Common mental health diagnoses among children aged 5–18 years**



Source: Sidra Medicine

## Epidemiological data on children’s mental health in Qatar

The lifetime prevalence of mental health disorders in Qatar is similar to that of the rest of the world. One cross-sectional study during the pandemic in Qatar found that children quarantined with COVID-19 infection reported increased anxiety (36.3 percent). The prevalence of anxiety tended to increase with child age, with 32.8 percent of younger children (7–11 years) compared with 45.8 percent of older children (12–13 years) reporting increased anxiety.<sup>46</sup>

## National efforts toward addressing the effect of COVID-19 on the mental wellbeing of children

The Ministry of Public Health (MoPH) promoted and supported the development of new services to provide mental health support to the population throughout the pandemic. Mental health aspects of the national health strategy were reviewed and reprioritized, integrating COVID-19 good practices and learning. In collaboration with other healthcare facilities, MoPH launched a confidential mental health support phoneline. A smartphone application (EHTEAZ) was also implemented for logging COVID-positive cases and contact tracing.<sup>47</sup>

A mental health awareness campaign, “Are you OK?,” was launched to give advice to the public. Social media posts highlighted how to recognize depression and anxiety and ways to seek help. Teachers were offered webinars on how to manage stress. Social media posts and videos offered parents information on wellbeing and how to cope with the stress of homeschooling.

These efforts are making a difference in community awareness: the longitudinal National Mental Health Attitudes and Awareness Survey found a 25 percent rise in public awareness of mental health issues between 2018 and 2020.<sup>48</sup> MoPH also piloted a national mental health in schools program in June 2022 to ease children’s reintegration back to school.

HMC participated in the national helpline and provided mental health consultation by phone and video. The corporation also initiated several youth specialty clinics.

PHCC introduced telephone and video consultations to its CAMHS, and its student advisory service. PHCC is planning to implement HEADSS assessments (home, education (i.e., school), activities/employment, drugs, suicidal ideation and issues related to sex) in 21 schools in the next one to two years. This is a tool that guides school nurses to identify psychosocial issues in young people.

PHCC’s school health team designed and implemented a back-to-school campaign – Defying COVID-19 with a Safe Return – to reduce concerns among children and parents. Activities included school educational sessions and messages; a social media campaign; newspaper articles; and telephone interviews.

To accommodate the increasing demand for mental health services, PHCC plans to expand the Child Advisory Service. In collaboration with the University of Calgary, MoPH, HMC and Sidra Medicine, the PHCC will also build competencies and provide continuing education sessions for healthcare professionals.

Sidra Medicine started providing care to children by video and started medication home delivery. Face-to-face assessments were restricted to urgent patients with moderate to severe intensity.



## Challenges and opportunities

As life gradually returns to normal, there is an urgent need to address issues affecting children and adolescents.

### *Education*

In 2021, with easing restrictions in Qatar, the education model moved from predominantly online schooling to alternate days of online and in-person classes. Despite many challenges, there are opportunities to reintegrate children back into schools. Parents and teachers should focus on the emotional wellbeing of students and encourage peer discussion about personal wellbeing.<sup>49</sup> The Ambassador Program from Sidra Medicine aims to do this. Digital technology also offers opportunities to improve school accessibility and engagement for children with disabilities.

### *Access to mental health services and insufficient staffing*

Better access to mental health services is vital, and an opportunity for organizations and policymakers. Early intervention, school mental health programs, inpatient and residential facilities, mental health support at transition points for young adults, self-referral, and judicious use of virtual appointments are some of the areas that provide opportunities to improve mental health access.

One challenge is be a shortage of child and adolescent mental health staff. There is also a need to rethink the existing mental health structure in Qatar. It would be prudent to establish outreach programs and provide basic skills, psychological first aid, to frontline staff, including primary healthcare providers.<sup>50</sup> A methodical and rigorous evidence base is needed to guide future policy and practice.

## SECTION 3: CONCLUSION AND RECOMMENDATIONS

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The COVID-19 crisis has significantly affected the mental health of children and adolescents in Qatar and around the globe. It is very likely that some of these symptoms will lead to long-term mental health issues. Early intervention is crucial. Therefore, we recommend taking the following actions now to mitigate the short- and long-term harms:

1. Increase financial and human resources for children's mental health and use them efficiently. During the past few years, mental health services in Qatar have seen challenges, disruptions, and an unprecedented surge in demand. Supporting healthcare professionals during this phase of high demand is a public health priority and an economic necessity.
2. Create prevention and promotion programs for mental health in schools, communities, and healthcare institutions. Supporting children and youth to stay in school, college or university to avoid disengagement because of mental distress is an immediate priority.
3. Improve access to mental health services. Workplaces should consider expanding access to mental healthcare and services to children and families. Particular attention should be paid to the parents from poorer socioeconomic backgrounds, and those with children who have developmental disabilities, and chronic medical illnesses.
4. Reinforce mental health awareness by educating people about myths and stereotypes associated with mental health issues, and challenge inappropriate attitudes.
5. Develop robust screening and evaluation systems to identify rising rates of depression and anxiety in nationals and non-nationals and to gauge the effectiveness of the current provision of services.
6. Create and strengthen synergies among ministries, healthcare organizations, industry partners, and educational institutions for policy and legislation formulation.

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