

Alienation from School Increased Mental Illness among Children and Adolescents during COVID-19

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Brief Report

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Abstract

When schools closed globally due to the pandemic of COVID-19, structured learning for many children was disrupted and this alienation from school had a major impact on their mental health. The conclusions of many reviewed studies reveal that children were affected emotionally and psychologically by remote learning experiences, and were expressing suicidal ideation at very young ages. This impact for an increased risk of suicide was greater for both children and adolescents with underlying symptoms of depression and anxiety.

Keywords: COVID-19 Outbreak; Impact of Pandemic; Suicide; Children; Adolescents; Gatekeepers.

Introduction

The physical toll of the COVID-19 global pandemic resulted in the deaths of hundreds of thousands of persons in one of the two most vulnerable groups in society—the elderly. The other vulnerable population, children and youth, had been threatened by another contagious influence, which was mental illness. When schools closed globally without much warning due to the pandemic, the routines and structured learning for many children were completely disrupted and this alienation from school had a major impact on their mental health. The taken-for-granted protective factors of the school environment were brought to the fore as the school setting offered a significant opportunity to keep children safe from self-harm [1]. The role of teachers in identifying warning signs of abuse and child neglect and intervening when attempts occurred were no longer possible; and there was a temporary halt to the many programmes and resources that were responsive to students’ personal and socio-emotional needs. In looking at this issue, data were obtained from many articles written in response to the mental health issues of children and teenagers because of COVID-19. The conclusions reveal that children were affected emotionally and psychologically by remote learning experiences, expressing suicidal thoughts at very young ages. Children and adolescents with underlying depression and anxiety were at an increased risk of suicide, and there were significant increases in teen active suicide ideation. These findings support the growing evidence that youth mental health had worsened globally during the pandemic.

The Problem

There are many variables that may explain this increase in mental illness, as suicide has always been multifactorial, but the mandatory stipulations connected to the pandemic and the forced isolation of children from schools, added risk factors

such as the loss of in-person school connections, social isolation and increased psychosocial stressors at home. In recent times, there has been the concern about rising levels of anxiety and depression in youth and increased suicide ideation and suicide attempts [2]. Suicide among children is a significant preventable public health problem, and it is the second leading cause of death among adolescents and young adults, 10-24 years old according to UNESCO, 2020.

The mandate of social distancing and the closure of schools, sporting activities and recreational facilities such as cinema, liming spots and social gatherings has contributed to the disruption of home and school routines and reduced social contact and interaction with friends. School closure meant that children no longer had a safety valve away from the psychosocial trauma of the home. There were reports of emotional trauma due to various psychosocial stressors such as prolonged confinement in a (hostile) home environment, poor communication, lack of interaction (in-person) with friends and teachers, study-related pressure, apprehensions about attending online classes, lack of appropriate facility to attend online classes, financial crisis at family, and overuse of social media.

Kooli C, et al. [3] states that the closure of educational institutions, online education, and the cessation of sports, artistic and cultural activities have negatively affected the development and mental health of children, youth, and adolescents. He argues that post-COVID; social policies must give top priority to the reintegration of the abovementioned populations. Future programs must be well conceived, targeted, oriented, inclusive, and adapted to the needs of the intended populations. Also. Once identified, “youth must have access to free or low-cost socio-educational, sports, and cultural programs and these programs must also address the observed developmental gaps, the absence

of activities, and especially the aftermath of the pandemic” [3].

The effects of school alienation

Morinaj and Hascher [4], looked at the concept of school alienation and student well-being in a cross-lagged longitudinal analysis. These authors found that the three domains of school alienation had different associations with six ‘well-being’ dimensions:

1. **Alienation from learning**-negative impact on positive attitudes to school and enjoyment in school.
2. **Alienation from teachers**-negatively predicted positive attitudes to school and positively predicted worries and social problems in school.
3. **Alienation from classmates**-negatively influenced future positive attitudes to school and contributed to the prevalence of social problems in school.

These findings provide empirical support for the importance of students’ feelings of alienation in determining students’ sense of well-being and imply that both academic and social aspects of schooling have a significant impact on young people’s stances toward school.

Other writers such as Imran N, et al. [5], speak to the psychological burden of quarantine from the schools in children and adolescents when they address the uncertainties regarding the pandemic itself, the strict social distancing measures put in place by many school districts and the widespread and prolonged school closures. In some instances, added to the widespread alienation from friends and teachers were those children who had lost parents and loved ones and those who were subjected to parental neglect and abuse, risk factors that could not be flagged by school officials and gatekeepers.

Jiao WY, et al. [6] in their studies, highlight that during the COVID-19 pandemic, parents reported restlessness, irritability, anxiety, clinginess and inattention when there was increased screen time in children during this period of isolation and alienation from the schools. They foresaw that returning to school after the pandemic would inevitably pose challenges, such as adapting to school once more and concentrating on learning. Moreover, vulnerable children who already had difficulty participating in learning due to health problems or stress factors would be in need of additional support from health services [6].

Viewpoints of mental health practitioners

Child psychiatrists and medical doctors such as Wagner KD [7] (in her findings about children’s mental health during COVID-19) have stated that the pandemic has created a perfect storm of stressors for kids, increasing the risk of suicide, exacerbating an ongoing children’s mental health crisis, as suicide rates had already been going up for almost a decade among children and youth. The problems brought on by the pandemic have only highlighted the weaknesses in the mental health safety net for children, and point to an urgent need for new solutions. Another layer of risk identified, was that virtual schooling made it much harder for teachers and school counselors to identify and help students who were struggling and thus refer them for help at hospitals and clinics. Wagner KD [7] further posits that the research demonstrated that COVID-19 did affect the mental health of children and adolescents and that depression and anxiety were prevalent and had increased in some groupings. Health officials need additional research therefore, to assess the short- and long-

term effects of COVID-19 on children’s overall mental health.

Some of the solutions to these issues include talking with children and adolescents about the impact of COVID-19 on their lives and assess its potential relationship to their current mental health. For some adolescents, the psychosocial impact of COVID-19 may be related to the onset or exacerbation of their current mental health problems. For other youths, particularly those with social anxiety disorders, remaining at home and doing online schooling may temporarily relieve their anxiety, but this is not a long-term solution and may result in overwhelming anxiety [8] when it becomes necessary for them to return to school.

In her publication, Lee J [9] looked at the adverse effects of school closures and alienation on children. She cites a UNESCO report, which records the following as pertinent factors that need to be recognized and follow-up provided by the relevant health and school officials:

Interrupted learning: When schools close, children and youth are deprived opportunities for growth and development. The disadvantages are disproportionate for under-privileged learners.

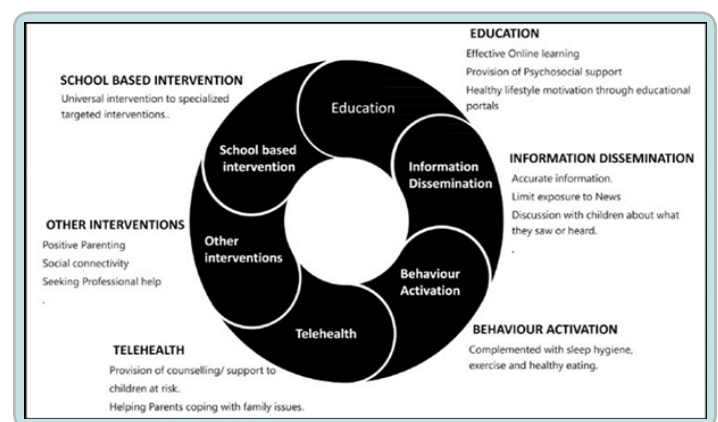
Poor nutrition: Many children and youth rely on free meals provided at schools for food and healthy nutrition. When schools close, their nutritional health is compromised.

Gaps in childcare: In the absence of alternative options, working parents often leave children alone when schools close and this can lead to risky behaviours, including the increased influence of peer pressure and substance abuse.

Rise in dropout rates: It is a challenge to ensure that children and youth return and stay in school when schools reopen after closures. Economic shocks place additional pressure on children to work (especially in low-income countries) and to generate income for financially distressed families. Early marriages may increase, and teenage pregnancies become more common when girls are alienated from school.

Social isolation: Schools are hubs of social activity and human interaction. When schools close, many children and youth miss the social contacts that are essential to learning and development.

Possible Interventions (as cited by Imran N, et al. [5]).



In the chart above, Imran N, et al. [5] suggest that effective interventionist measures should be put in place such as telehealth services to help both parents and children who were identified as being ‘at risk’; the provision of increased psychosocial support systems and more accurate information dissemination on social

media platforms to mitigate the effects of home confinement on children and adolescents.

There is much evidence that significant burden of mental illnesses originate in young age and adult life productivity is deeply rooted in early years so that close attention to the mental health of young people in quarantine is warranted to avoid any long-term consequences [6].

Conclusion

During periods of prolonged social isolation, it is important to recognize the necessity of increasing resilience in children and adolescents by increasing online learning in more social and affective ways rather than academic. Digital technology can provide evidence-based interventions to help young people to reappraise their thoughts and to change their behavior within the confines of the home setting. In order to decrease mental illness and anxiety-related situations, health-care providers must find ways to give children and adolescents a sense of belonging within the family and to feel that they are part of a wider community.

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Conflict of Interests

Author declares that there is no conflict of interest.

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