

Mental Health Care for Children and Adolescents during the COVID-19 Pandemic: Experiences and Challenges

Choi, Heeseung¹ · Oh, Hyunsung²

¹College of Nursing & Research Institute of Nursing Science, Seoul National University, Seoul, Korea

²Watts College of Public Service and Community Solutions, School of Social Work, Arizona State University, Phoenix, AZ, USA

Due to school closures caused by the COVID-19 pandemic, most children and adolescents, including college students, were compelled to attend online classes. Students suffered from deteriorating mental health, alcohol problems, and domestic abuse, all possible consequences of school closures, and social isolation [1-6]. The Adolescent Behaviors and Experiences Survey (ABES) conducted on 7,998 high school teenagers in the United States (U.S.), by the Centers for Disease Control and Prevention (CDC) in 2021, revealed that 37.1% of them experienced poor mental health, 44.2% had persistent sadness or hopelessness, and 19.9% had seriously considered suicide of which 45.5% had attempted suicide [3]. However, the pandemic did not affect all children and adolescents in the same manner; those from families with limited resources were more likely to experience child abuse, poor academic performance, and mental health problems [1,7-9].

Globally, more than 60% of the countries experienced significant disruptions in mental health services, particularly services offered to adolescents and the older adults [10]. The proportion of psychiatric emergency visits and the number of children and adolescents requiring crisis services for threat to self or others have increased substantially [8,11,12]. This increased need for mental health services is attributable to

the unforeseen shifts in the social environment of children and adolescents. This editorial aims to examine experiences and challenges in addressing the mental health needs of children and adolescents in South Korea and the U.S. while responding to the threats posed by COVID-19.

In South Korea, government and mental health professional groups have partnered to design plans for addressing psychiatric crises among children and adolescents [13]. Overall, this response to the novel mental health challenges faced by the younger generation could have been more aggressive and robust. The provision of accessible and cost-effective mental healthcare has received limited policy attention, and counseling services have been limited to COVID-19-confirmed cases. The authors believe that the Korean Ministry of Education (KME) prioritized addressing learning gaps caused by remote education while allocating considerable funds to childcare and after-school activities unrelated to addressing mental health needs [14]. The KME could have provided more robust mental health services to school-goers, apart from delivering educational materials that only promote awareness of the ongoing mental health crisis for teachers, parents, and students. Moreover, few mental health services exist for teachers caring for students during the COVID-19 pandemic [14].

Address reprint requests to : Oh, Hyunsung

Watts College of Public Service and Community Solutions, School of Social Work, Arizona State University, 411 N. Central Ave, Ste 800, Phoenix, AZ 85004, USA

Tel: +1-602-543-4040 Fax: +1-602-496-0960 E-mail: hyunsung@asu.edu

Received: August 18, 2022 Accepted: August 23, 2022 Published online: August 31, 2022

This is an Open Access article distributed under the terms of the Creative Commons Attribution NoDerivs License. (<http://creativecommons.org/licenses/by-nd/4.0>)

If the original work is properly cited and retained without any modification or reproduction, it can be used and re-distributed in any format and medium.

To better cope with potential pandemic-related mental health crises, South Korea can learn from the structural and legal transition in the U.S. in support of telehealth mental health services. With the pandemic increasingly making mental health services dependent on telehealth, U.S. federal and state government mental health regulations have expanded access to telehealth for mental well-being [8,15,16]. A systematic review identified 77 articles investigating the process through which mental health providers embraced and implemented telehealth over the phone or via online platforms in response to social distancing measures enforced in early 2020 to reduce the risk of COVID-19 infection [17]. A fifth of these studies found that telehealth was “acceptable” and “exceeded expectation,” although there was hardly any transition period from in-person to telehealth. Additionally, participants reported that they would like to use telehealth even after the pandemic ends [17]. A Spanish study by Sánchez-Guarnido et al. [18] discovered that participants using telehealth had significantly fewer emergency room visits and hospitalizations than the control group. During the transition from in-person to telehealth, technical consultation and regulatory assistance from governmental agencies were critical for the smooth adoption of this novel technology [8,17].

Although telehealth is a good alternative for coping with a pandemic, it has several issues that require resolution. Palinkas et al. [8] studied government officers responsible for regulating mental health services who supervised the transition from in-person to telehealth mental health services during the early months of the pandemic. Respondents highlighted the issues faced by mental health clinicians and supervisors while providing telehealth services [8]. More than 80% of the government officials reported that many families and mental health providers in their jurisdiction had limited access to the Internet, equipment, and technology while transitioning to telehealth [8]. Moreover, 30% to 45% of the respondents experienced psychological resistance from consumers and providers, such that clients were reluctant to use telehealth. Providers faced significant challenges during telehealth sessions with younger children and considerable concerns about privacy issues were raised during the transition [8]. The ABES study found that only 8.5% of high school

students may have accessed telehealth during the pandemic [6], indicating that hurdles to accessing mental health services persist in the U.S. [17].

We propose two recommendations for South Korea to remain resilient in the face of a mental health crisis caused by another pandemic and school closure. First, epidemiological data on the impact of school closure and social isolation on mental health among children and adolescents should be collected. The aforementioned ABES study [5] stimulated public dialogue regarding building capacity to address urgent mental health needs among children and adolescents during the pandemic. Health officials should partner with education experts to design and implement a population-representative study to promptly determine the scope and depth of mental health needs and their antecedents during the school closure and transition to distance learning. Second, telehealth should be examined as a delivery method for mental health services. Even before the pandemic, telehealth has been discussed as a possible alternative to in-person psychotherapy for adolescents who are reluctant to use psychiatric services because of stigma [19]. Although the need for public funding of telehealth for mental health treatments designed to serve low-income families was raised earlier in South Korea [13], at present it is mostly supplied by private providers with minimal government financing. We agree that the definition, boundaries, scope of practice, and ethical and legal issues associated with telehealth should be sufficiently discussed. Furthermore, laws and regulations should be established, government financing for equipment acquisition secured, core components of the services specified, and the efficacy of telehealth in delivering services evaluated. In the event of a future pandemic, telehealth will be a competitive and indispensable type of mental health care, despite these obstacles. Policymakers in South Korea can appreciate the potential barriers that consumers and providers may face throughout the shift from an in-person to a telemedicine mental health-care system through U.S. experiences. Further, healthcare professionals should recognize the obstacles, competencies, and functions of the new mental health service system.

CONFLICTS OF INTEREST

The authors declared that no conflict of interest.

ACKNOWLEDGEMENTS

None.

DATA SHARING STATEMENT

Please contact the corresponding author for data availability.

AUTHOR CONTRIBUTIONS

Conceptualization or/and Methodology: Choi H & Oh H.

Data curation or/and Analysis: None.

Funding acquisition: None.

Investigation: Choi H & Oh H.

Project administration or/and Supervision: Choi H & Oh H.

Resources and Software: None.

Validation: Choi H & Oh H.

Visualization: None.

Writing: original draft: Choi H & Oh H.

REFERENCES

- Lee BJ, Jang HS. Classifying latent types and identifying determinant factors for children's experience of violence during the COVID-19 pandemic. *Journal of the Korean Society of Child Welfare*. 2021;70(1):147-180. <https://doi.org/10.24300/jkschw.2021.03.70.1.147>
- Yoon S, Baek Y, Kim J. A review of empirical studies of college students' mental health during COVID-19 pandemic. *Locality and Globality: International Journal of Social Sciences*. 2021;45(3):249-285. <https://doi.org/10.33071/ssricb.45.3.202109.249>
- Bouter DC, Zarchev M, de Neve-Enthoven NGM, Ravensbergen SJ, Kamperman AM, Hoogendijk WJG, et al. A longitudinal study of mental health in at-risk adolescents before and during the COVID-19 pandemic. *European Child & Adolescent Psychiatry*. Forthcoming 2022 Feb 17.
- Brener ND, Bohm MK, Jones CM, Puvanesarajah S, Robin L, Suarez N, et al. Use of tobacco products, alcohol, and other substances among high school students during the COVID-19 pandemic – adolescent behaviors and experiences survey, United States, January–June 2021. *Morbidity and Mortality Weekly Report Supplements*. 2022;71(3):8-15. <https://doi.org/10.15585/mmwr.su7103a2>
- Jones SE, Ethier KA, Hertz M, DeGue S, Le VD, Thornton J, et al. Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic – adolescent behaviors and experiences survey, United States, January–June 2021. *Morbidity and Mortality Weekly Report Supplements*. 2022;71(3):16-21. <https://doi.org/10.15585/mmwr.su7103a3>
- Krause KH, Verlenden JV, Szucs LE, Swedo EA, Merlo CL, Niolon PH, et al. Disruptions to school and home life among high school students during the COVID-19 pandemic – adolescent behaviors and experiences survey, United States, January–June 2021. *Morbidity and Mortality Weekly Report Supplements*. 2022;71(3):28-34. <https://doi.org/10.15585/mmwr.su7103a5>
- Kim SE, Park CH. Korean children and youth panel survey 2021: Data analysis report–COVID 19 and adolescents' life and psychological changes. Sejong: National Youth Policy Institute; 2021 Dec. Report No.: 21-R13-1.
- Palinkas LA, De Leon J, Salinas E, Chu S, Hunter K, Marshall TM, et al. Impact of the COVID-19 pandemic on child and adolescent mental health policy and practice implementation. *International Journal of Environmental Research and Public Health*. 2021;18(18):9622. <https://doi.org/10.3390/ijerph18189622>
- Kim HJ, Kim MH, Min S, Lee J. The association between socioeconomic changes and adolescent mental health after COVID-19 pandemic. *Korean Journal of Psychosomatic Medicine*. 2022;30(1):16-21. <https://doi.org/10.22722/KJPM.2022.30.1.16>
- World Health Organization (WHO). The impact of COVID-19 on mental, neurological and substance use services: Results of a rapid assessment [Internet]. Geneva: WHO; c2020 [cited 2022 Aug 11]. Available from: <https://www.who.int/publications/i/item/978924012455>.
- Hill RM, Rufino K, Kurian S, Saxena J, Saxena K, Williams L. Suicide ideation and attempts in a pediatric emergency department before and during COVID-19. *Pediatrics*. 2021;147(3):e2020029280. <https://doi.org/10.1542/peds.2020-029280>
- Kwak JI, Park JS, Choi SJ, Lee JS, Ryu JM, Lee JY. Changes in pediatric psychiatric emergency during the coronavirus disease 2019 pandemic. *Pediatric Emergency Medicine Journal*. 2022;9(1):35-40. <https://doi.org/10.22470/pemj.2022.00465>
- Choi J. The effects of COVID-19 pandemic on the mental health of the general public and children and adolescents and

- supporting measures. *Journal of Korean Neuropsychiatric Association*. 2021;60(1):2-10.
<https://doi.org/10.4306/jknpa.2021.60.1.2>
14. Korean Ministry of Education. Response to the COVID-19 Epidemic: Regulations and Guidance for Education Providers [Internet]. Sejong: Korean Ministry of Education; 2022 [cited 2022 Aug 23]. Available from: <https://moe.go.kr/boardCnts/listRenew.do?boardID=72756&renew=72756&m=031304&s=moe>.
15. Nicholas J, Bell IH, Thompson A, Valentine L, Simsir P, Sheppard H, et al. Implementation lessons from the transition to telehealth during COVID-19: A survey of clinicians and young people from youth mental health services. *Psychiatry Research*. 2021;299:113848.
<https://doi.org/10.1016/j.psychres.2021.113848>
16. Sklar M, Reeder K, Carandang K, Ehrhart MG, Aarons GA. An observational study of the impact of COVID-19 and the rapid implementation of telehealth on community mental health center providers. *Implementation Science Communications*. 2021;2(1):29.
<https://doi.org/10.1186/s43058-021-00123-y>
17. Appleton R, Williams J, Vera San Juan N, Needle JJ, Schlieff M, Jordan H, et al. Implementation, adoption, and perceptions of telemental health during the COVID-19 pandemic: Systematic review. *Journal of Medical Internet Research*. 2021;23(12):e31746. <https://doi.org/10.2196/31746>
18. Sánchez-Guarnido AJ, Urquiza BM, Sánchez MDMS, Masferrer C, Perles F, Petkari E. Teletherapy and hospitalizations in patients with serious mental illness during the COVID-19 pandemic: A retrospective multicenter study. *PLoS One*. 2022;17(4):e0267209.
<https://doi.org/10.1371/journal.pone.0267209>
19. Shin KC, Seo JS, Moon SW, Nam BW, Kim TH, Jun YS, et al. Can telepsychiatry overcome the stigma as barrier of psychiatric treatment in adolescents? *Journal of Korean Association of Social Psychiatry*. 2011;16(1):28-34.