

Editorial**COVID-19 pandemic: An opportunity in disguise for Child and Adolescent Psychiatry!**

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Globally COVID-19 pandemic has hit the child and adolescent population hard; though the virus remains asymptomatic or causes mild symptoms in the majority of children; but the psychological impact is tremendous [1]. As in any disaster, adult lives gain prominence at the cost of child well-being [2]. Maternal and child healthcare services are diverted towards COVID care facilities. Routine child and adolescent mental health facilities are suspended impairing the mental health of children. The already precarious child and adolescent psychiatry services have suffered a severe blow.

Lockdown restrictions, school closures, closure of day care centers, after school facilities, sports facilities have robbed children of the opportunity for mental and physical development [3]. Many children are deprived of the only meal they used to get from the school. The adverse impact of these lost opportunities is going to have an enduring effect on the tender psyche of children. Domestic life is reeling under the pressure of school closures, lockdowns and cessation of employment opportunities. Psychological pressure inside the household is high. Alcohol consumption has increased, domestic violence increased and child abuse has also increased [4,5,6]. The services of child protection agencies have been suspended with obvious impact on child well-being as in present scenario child agencies are getting more calls for protection and intervention but they are actually having lesser hands to support.

Prolong school closures have forced online classes upon children; young children are being exposed to online classes at a very tender age. Parents and teachers are worried at the long-

term impact of screen-media exposure to children. Concerns are being raised by pediatricians, ophthalmologists, and mental health professionals over the physical and psychological harms caused by prolonged screen-media exposure and risk of digital addiction. Also, the severe compromise on learning opportunities caused by these forced on-line classes may cause long-term damage to the developing brain. Cognitive and behavioural issues may continue for a prolonged period due to delayed effects of pandemic and associated lockdown because it has immense effect on their developmental cycle especially on social and emotional domains [7,8].

Comprehensive Child and adolescent psychiatry services in India are available in isolated centers; COVID-19 has compromised all the healthcare facilities [9]. The available clinical expertise is being shifted to telemedicine platform. Tech-savvy people with internet access and compatible devices are able to avail these services. Though the full range of diagnostic and therapeutic services have not been digitalized, this pandemic has highlighted the need to bring child and adolescent psychiatry services on the appropriate and accessible online platform. Operationalizing the services with adequate training of manpower, provisioning of legal guidelines and technical adaptations need to be geared towards meeting the huge need of clinical services [10]. Diagnostic and therapeutic services for Neurodevelopmental disorders are being provided on the e platform. Educational and behavioral interventions are being operationalized for virtual delivery. These virtual measures have implications in reducing the waiting period and reaching the unreached populations. Technological adaptations and clinical training have made it possible to convert existing outpatient services compatible for online delivery. This pandemic is promoting tele-mental health provisions which can be equitably provided to the socio-economically disadvantaged, something which was never done before.

The need for containment of the virus and forced lock-downs has halted intervention trial recruitment. Research funds are being mobilized into COVID-19 specific research compromising funding for thrust areas [11]. However, some researchers are using this COVID-19 time for formulating research in core areas of child and adolescent psychiatry. Focus is on identifying risk factors, protective factors and factors promoting resilience in childhood and adolescence. COVID-19 has provided the opportunity to identify psychological risk factors hitherto unknown. The demands and pressure of modern schooling are now being recognized as a psychological stressor. Closeness and cohesiveness provided by the family environment are regaining its importance as a protective factor. Support at an individual, family, and society level is known to foster resilience. Coping with distress in these trying times is enhanced by resilience. This pandemic is ushering in changes in the way we conceptualize vulnerability and resilience. Better understanding of these factors would be immensely helpful in prevention of child psychiatric disorders [12].

This pandemic has given us opportunity to learn adaptive skills, healthy habits, positive changes in behavior and routine such as increasing family time, regular introspection, learning new skills, adding new perspective and enhancing social connectedness and family cohesion. We should sustain these positive changes and come out as more resilient individual for effectively handling this difficult time [13].

The mental health support systems created in the COVID-19 situation by training various stakeholders like teachers, trainers, primary healthcare providers, community leaders can continue providing supportive mental health. This local service network can function as a feasible way to provide acceptable and accessible child mental health care and help in reducing the gaps in specialized clinical care [14,15].

There is dire need to improve accessibility and availability of comprehensive child and adolescent mental health services by using conventional in-person face to face as well as

telemedicine platforms. For effective prevention, promotion, and intervention strategies during and post-pandemic challenges, we need to have ‘tele-mental health compatibility’ and comprehensive multidisciplinary approach to serve the entire child and adolescent population including most vulnerable and underprivileged groups [16].

The new normal dictated by COVID-19 has changed routine life globally. It has made the deficiencies in the existing service provisions all the more glaring. It is the high time to revamp child and adolescent psychiatry services as per the evolving needs of the population.

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