



IMPACT OF COVID-19 PANDEMIC AND LOCKDOWN

OVERVIEW

In the spring of 2020, the coronavirus spread rapidly across the globe. In the absence of a vaccine, states and localities attempted to combat the contagion by restricting in-person activities. For most families, this meant that some combination of both work and school would take place in the home. Across the country, children and families faced unprecedented isolation and stress. The pandemic's negative effects disproportionately affected already vulnerable populations, especially children with disabilities. While the exact impacts of the pandemic on youth mental health are still being researched, experts agree that the impacts are widespread and severe.

Youth and adolescent mental health problems skyrocketed during the pandemic, and in its wake. In 2021, 42 percent of students felt persistently sad or hopeless, and nearly one-third experienced poor mental health. In 2021, 22 percent of students seriously considered suicide and 10 percent did attempt suicide. A confluence of many factors, both direct and indirect, contributed to this mental health crisis.

Direct threats to children's mental health from the pandemic included threats to family stability, loss of income, and change in employment status of family. For some children, staying at home also increased the potential for physical or emotional abuse by a caregiver. More than a quarter of adolescents reported that a parent or other adult in their home lost a job. Some youth lost their loved ones or caregivers themselves. From April 2020 to June 2021, more than 140,000 U.S. children lost primary or secondary caregivers because of the pandemic.

Indirect threats from the pandemic resulted from physical distancing restrictions and virtual education. At-home learning and in-person gathering restrictions isolated children from their peers, mentors, extended family, and social networks. Additional challenges included adapting to virtual learning and changes to sleep habits and other routines. Children experienced increased levels of persistent stress, fear, and grief. Limited interactions with professionals (teachers, pediatricians, school counselors, etc.) also made it harder to recognize and report signs of child abuse, mental health concerns, and other challenges.

Further, youth and adolescent social media increased during the pandemic and lockdown. Initial studies have shown that time spent on social media was associated with increased anxiety and depressive symptoms.

KEY POINTS

- Youth experienced unprecedented levels of isolation and stress.
- Mental health diagnoses and need for treatment services dramatically increased.
- Vulnerable communities, including children with disabilities, were disproportionately impacted.

Moreover, the interplay of broader societal issues, like the national focus on racial justice, combative political environment, and economic instability, may have further exacerbated stress on youth.

MENTAL HEALTH IN CRISIS

The need for mental health services for children and adolescents increased by almost 25 percent during the pandemic. According to the Center for Disease Control and Prevention, in March 2021, more than a third of high school students reported experiencing poor mental health. With any traumatic event, anxiety, depression, and post-traumatic stress disorder (PTSD) increases among some or all populations. Adolescents in particular are affected. About 20 percent of adolescents had moderate or worse psychological trauma symptoms during 2020-2021, which is double the pre-pandemic rates. Forty-four percent reported feeling persistently sad or hopeless during the past year. In particular, LGBTQ+ youth and females reported greater levels of poor mental health, emotional abuse by a parent or caregiver, and suicide attempts. Emergency rooms reported suicide-related visits increased by nearly a third.

Older youth who had emotional regulation issues before the pandemic were at risk for experiencing more severe mental health symptoms, as were adolescents with attention-deficit/hyperactivity disorder (ADHD). Negative emotions or behaviors such as impulsivity and irritability, associated with conditions such as ADHD, appear to have moderately increased.

Substance abuse also increased, particularly among youth with ADHD. Surveys show alcohol use rose during the COVID-19 pandemic, including increased use by stressed parents.

Providers in Virginia also reported on the negative mental health impacts felt by children during the pandemic. According to a survey of the Virginia Chapter of the American Academy of Pediatrics, 98 percent reported an increase in child and adolescent anxiety and 95 percent reported an increase in depression. In the same survey, 86 percent of providers reported seeing an increase in child and adolescent behavior problems since the start of the pandemic.

SCHOOL-RELATED CHALLENGES AND LASTING IMPACTS

Millions of children's educational environment transitioned abruptly to the virtual learning platform, if they were lucky enough to have access to a laptop or computer. For children without computers or online access, teachers provided worksheets and instruction in any way they could. Many children had to navigate new challenges of online learning: focusing on a computer screen for extended periods of time, independent responsibility for completing assignments, and teachers with limited online training. Children experienced isolation, disruption in routine, and higher levels of stress. Peer interaction helps develop imagination, problem-solving skills, and communication, as well as provide stress relief. The absence of this connection during such developmental years may have longer-term effects.

Students in rural areas faced particular challenges in acquiring the resources necessary for virtual learning. The majority of Virginia students in rural Appalachia (87%) did not receive the recommended amount of direct remote instruction during the Governor's stay-at-home order. This caused a major learning gap for many

children in lower-income areas. Such areas are also less likely to have access to mental health treatment or suicide prevention services.

Remote learning also posed particular challenges for children with Individualized Education Programs and 504 Plans.

CHILDREN WITH DISABILITIES

Families of children with disabilities had to constantly adapt to accommodate the changes in supports, services, and supplies. Many families juggled some or all of the following issues: loss of home nursing therapies, educational supports, school provided meals, informal caregiving from extended family members, safe access to medical providers and medical supplies. Limited therapy and treatment jeopardized visits that provided social connections in addition to fulfilling medical needs. Hospitals delayed planned quality-of-life surgeries and delivery of medical equipment, such as wheelchairs, bathing aids, or therapeutic equipment. Some insurance companies required face-to-face meetings to cover costs and refused to adapt their policies in the face of the pandemic.

According to the Virginia Chapter of the American Academy of Pediatrics, 59 percent of providers saw a decline in social and behavioral progress in children and adolescents with autism. One possible linkage noted was the decreased use of speech-language therapy, occupational therapy, physical therapy, and applied behavior analysis by families, because they were only available virtually.

CAREGIVERS AND PARENTS

Virtual learning was a challenging adjustment for caregivers and parents. In addition to managing the household and/or working, caregivers became newly involved in distance learning, and if their child had disabilities, they implemented therapy, exercises, or care routines.

Parents who are stretched too thin trying to balance work with family life can minimize the mental health stress of their children by taking care of themselves first. Getting help to tackle any financial and emotional distress may be life saving for the whole family. During the pandemic, child academic problems, child emotional and behavioral challenges, family conflict, and other day-to-day family issues were greatly impacted by the quality of a parent or caretaker's work-life balance.

During the pandemic and lockdown, and in the future as needed, finding virtual resources for academic assignments and supports can help parents assist with remote learning. Establishing regular household routines, utilizing telehealth services, spending short bursts of quality time with each child, listening to music together, talking with their child about the child's thoughts and feelings, and enjoying the outdoors with their child are all ways to help their children de-stress and regroup. Minimizing stress for both the children and caregivers helps facilitate optimal health and learning.

RESOURCES AND ORGANIZATIONS

American Psychological Association

<https://www.apa.org/>

Center for Disease Control and Prevention

<https://www.cdc.gov/>

Child Mind Institute

<https://childmind.org/>

National Alliance on Mental Illness (NAMI)

<https://nami.org/Home>

National Institute on Drug Abuse

<https://nida.nih.gov/>

National Institute of Mental Health

<https://www.nimh.nih.gov/>

Office of the Surgeon General (OSG)

<https://www.hhs.gov/surgeongeneral/index.html>

ARTICLES

Barendse, M. E. A., Flannery, J., Cavanagh, C., et al. (2022). Longitudinal change in adolescent depression and anxiety symptoms from before to during the COVID-19 pandemic: A collaborative of 12 samples from 3 countries. *Journal of Research on Adolescence*. Advanced Online Publication. <https://doi.org/10.1111/jora.12781>.

Becker, S. P., Breaux, R., Cusick, C. N., Dvorsky, M. R., Marsh, N. P., Scriberras, E., & Langberg, J. M. (2020). Remote learning during COVID-19: Examining school practices, service continuation, and difficulties for adolescents with and without ADHD. *Journal of Adolescent Health*, 67, 769-777. <https://doi.org/10.1016/j.jadohealth.2020.09.002>.

Breaux, R., Dvorsky, M. R., Marsh, N. P., et al. (2021). Prospective impact of COVID-19 on adolescent mental health functioning in adolescents with and without ADHD: Protective role of emotion regulation abilities. *Journal of Child Psychology and Psychiatry*, 62, 1132-1139. <https://doi.org/10.1111/jcpp.13382>.

Fleming, L. (2021). The difficulties of the COVID-19 pandemic for children with disabilities. *Very Well Family*, June 15, 2021.

<https://www.verywellfamilies.com/pandemics-impact-on-the-children-with-disabilities-5185783>.

Houtrow, A., Harris, D., Molinero, A., et al. (2020). Children with disabilities in the United States and the COVID-19 Pandemic. *Journal of Pediatric Rehabilitation Medicine*, Vol. 13, #3, pp. 415-424.

Karbasi, Z., Eslami, P. (2022). Prevalence of post-traumatic stress disorder during the COVID-19 pandemic in children: a review and suggested solutions. *Middle East Current Psychiatry* 29, 74. <https://doi.org/10.1186%2Fs43045-022-00240-x>.

Leeb, R.T., Bitski, R.H., Radhakrishnan, L., et al. (2020). Mental health-related emergency department visits among children aged <18 years during the COVID-19 pandemic- United States, January 1-October 17, 2020. *MMWR Morb Mortal Wkly Rep*, 69, 1675-1680. <https://doi.org/10.15585/mmwr.mm6945a3>.

McFayden, T. C., Breaux, R., Bertollo, J. R., Cummings, K., & Ollendick, T. H. (2021). COVID-19 remote learning experiences of youth with neurodevelopmental disorders in rural Appalachia. *Journal of Rural Mental Health*, 45, 72-85. <https://psycnet.apa.org/doi/10.1037/rmh0000171>.

Theberath, M., Bauer, D., Chen, W., et al. (2022). Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *National Library of Medicine*. <https://doi.org/10.1177/20503121221086712>.

Podcast by White, C., Westers, N. *Children's Health Checkup*. Supporting your child's mental health during COVID-19. [Children's Health Checkup \(childrens.com\)](https://www.childrens.com).

The Collection of Evidenced-Based Practices for Children and Adolescents with Mental Health Treatment Needs, 10th Collection
Virginia Commission on Youth, 2025

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