



ISSN: 2230-9926

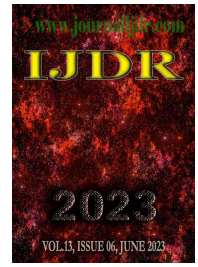
Available online at <http://www.journalijdr.com>

# IJDR

*International Journal of Development Research*

Vol. 13, Issue, 06, pp. 62908-62912, June, 2023

<https://doi.org/10.37118/ijdr.26798.06.2023>



RESEARCH ARTICLE

OPEN ACCESS

## PAEDIATRICS PSYCHOLOGICAL CHALLENGES DURING COVID-19 PANDEMIC: A NARRATIVE REVIEW

<sup>1</sup>Reeta Katiyar Verma, <sup>2</sup>Dr. Sharique Ahmad, <sup>3</sup>Dr. Raushan Kumar and <sup>4</sup>Dr Alina Kazmi

<sup>1</sup>Clinical Psychologist, Department of Psychology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, India-226003; <sup>2</sup>Professor, Department of Pathology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, India-226003; <sup>3</sup>Research Analyst, Department of Pathology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, India-226003; <sup>4</sup>Junior Resident, Department of Pathology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, India-226003

### ARTICLE INFO

#### Article History:

Received 11<sup>th</sup> April, 2023  
Received in revised form  
27<sup>th</sup> April, 2023  
Accepted 08<sup>th</sup> May, 2023  
Published online 30<sup>th</sup> June, 2023

#### KeyWords:

Mental health,  
Psychological Well-Being,  
Children, Stress, Anxiety

\*Corresponding author:  
Daienne Estrela Gonçalves

### ABSTRACT

With the expansion of the COVID-19 pandemic in India and in the world, nothing was certain except that the outbreak was a fervent impact not only on the health and economic situation but also on the psychosocial well-being of societies across the Globe. The impacts were felt differently among all age groups. Among these, one group was combat additional challenges to comprehend, siphon, and conciliate with the changes that COVID-19 was bringing to our lives: the children, our future asset youth was in their foundation phase, and how they cope with the current pandemic situation was have significantly exerted influence on their overall personality throughout the life.

Copyright©2023, Reeta Katiyar Verma et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Reeta Katiyar Verma, Dr. Sharique Ahmad, Dr. Raushan Kumar and Dr Alina Kazmi. 2023. "Paediatrics Psychological Challenges during COVID-19 Pandemic: A Narrative Review". *International Journal of Development Research*, 13, (06), 62908-62912.

## INTRODUCTION

Due to COVID-19 and the associated lockdown children had restrictions on their movements, which resulted in constrained access to socialization, play, and even physical contact, which was critical for their development and psychological development. Due to the pandemic, Closed Schools, children were bound to their homes with finite access to learned and limited peer interactions. Children were feeling bewildered due to loss in their current situation, consequent upon frustration and anxiety, which was also increased with overexposure to mass and social media, Adults found it very difficult to explain and communicate with children about the current situation in an age-appropriate manner that was understandable by those age group, which was added frustration and disquietude. COVID-19 imposed new stressors on parents and caregivers, it impedes their efficiency to provide care and being engaged with their children, and being vigilant of surrounding people and environments.

As absorbent children notice and react to the stress towards caregivers and community members, which unavoidably affects their well-being. Moreover, vulnerable families face the dangerous consequences of such stress. The situation was particularly challenging, for deprived children, those who were in Child Care Institutions or alternative care, children living in the streets, migrants or on the move children, Prior experiences in public health emergencies had demonstrated possibilities of increased violence, including gender-based violence, domestic violence and corporal punishment towards children. Due to current movement restrictions, violence victim children faced obstacles to seeking help and had minimal access to the support system.

**Pandemic-related mental health risks of children during the pandemic (phases one and two):** An online study was done during the Coronavirus disease 2019 (COVID-19) outbreak in China, 54% of the participants rated the moderate to severe impact of the pandemic on their mental health with depressive symptoms and anxiety as the

most often stated conditions. (1). There were imposed multifaceted burdens on children of current crises. It includes the socio-ecological impression of the pandemic, which was taken as immeasurable. The surrounding environment of children was affected at different levels—including community, family, and individual child itself (2).

**Challenges within the families:** Informing and explaining to children about the COVID-19 pandemic was a tough task and dealing with accompanying fear and anxiety was very challenging for parents during those uncertain times. Family members were their fears related to COVID; this resulted in gigantic stress and psychological distress for all members of the family. The pandemic had considerable economic implications and puts a financial constraint on many families, in previous economic recessions. It had been shown that economic pressure, even if not accompanied by social isolation, can impose a severe threat to mental health. Connected factors with economic recessions such as unemployment, income decline, and unmanageable debts were significantly associated with a decreased mental well-being, and paved the path to several mental disorders, substance-related disorders, and suicidal behaviours (3,4), these threats were obvious concerns for parents (5). Therefore that time of recession added the fact that low socioeconomic status, a well-established risk factor for children's poor mental health (6), parent-child relations were significantly associated with Mental illness and substance abuse of parents. (7-9) and make children vulnerable to mental health challenges (10).

**Domestic Violence and child maltreatment:** COVID-19 various reports from all over the world showed a significant rise in domestic violence incidence, during the COVID-19 crisis, (24). In that time the UN secretary general António Guterres pointed out a "horrifying global surge in domestic violence" (11). Exposure to domestic violence affected the mental health of children significantly, (12, 13) and has the potential to produce pro-long consequences (14). Moreover, during the recession, there had been a marketable hike in physical, emotional, and sexual violence reported against children. Huang and colleagues stated germination of abusive head trauma incidents, a particularly severe form of child abuse associated with a high mortality rate, during the "Great Recession" 2007–2010 (15). Augmentation of all forms of child misdemeanour had been reported during the recession in a wide variety of cultures according to the literature, (16). Data based on these, concerning the COVID-19 pandemic, worldwide enhanced risks for children was an admirable chimera. During COVID-19 reduced societal oversights and lack of access to child protection services is an additional burden. Despite insufficient literature specifically addressing the recession impact on children, existing sources point out threats to the mental health of children, evidenced by a study that assessed adolescent mental health directly during the financial crisis in Greece. The researchers found an increase in mental health issues throughout the recession (17).

**Community-related risks for mental health during the pandemic:** Children had limited leisure time activities, they are not allowed to use regular playgrounds, sports clubs were closed, and social group activities were prohibited, in most of the countries (18). Social relations had been solely limited to the nearest family members. Social interaction with peers had been prohibited or severely limited in numerous countries, (19). Due to lack of interactions with Children with their peers; this gave a negative impact on the well-being of children. (20,21). In many countries, schools were closed due to the lockdown (22). A recent review pointed out that school closures did not have a big role in reducing infections and death prevention. (23), therefore, possible negative consequences need to be taken into account such as deficit of study time, restricted access to peers, and loss of structured daily routine while evaluating the advantages and disadvantages of this particular measure. Moreover, stigmatization occurs regarding infected children and families were some communities. As most resources were directed towards ICU and somatic care during a pandemic, adequate resources for mental health services were a concern for the future. (24). Most importantly, the activity of child protection services and that time existing programs to support or be supervised by welfare agencies were barred due to the

crisis. (25). Lacking access to these basic services was very harmful, particularly for vulnerable children.

**Quarantine-associated risks during lockdown:** Pandemic-associated quarantine was provided in numerous nations considerably an effect on mental health. In the latest overview of the mental effect of quarantine, Samantha Brooks and co-workers mentioned that post-traumatic stress symptoms (PTSS) arise in 28 to 34% and fear in 20% of subjects in quarantine (26). Additional quarantine-associated mental health issues seen during the pandemic consisted of depression, low mood, irritability, insomnia, anger, and emotional exhaustion (26). Horesh *et al.* argue that the COVID-19 disaster was include several traits visible in mass disturbing occasions so a boom in PTSS all through and after the pandemic may be anticipated (27). The scarcely available data points towards the destructive impact of ailment-containment measures including quarantine and isolation on the mental health of children. In a take, a look carried out after the H1N1 and SARS epidemics in Central and North America, standards for PTSD primarily based totally on parental reporting had been met through 30% of the children who were remote or quarantined (28). Another quarantine-related risk was an extended danger of online sexual exploitation. Since the start of the pandemic, children spent extra time online, a chance to touch with online predators. Due to restricted social encounters, children's outreach to new contacts and groups online had been extended. (29). Europol had already started a boom in child pornography since the beginning of the pandemic (30). The query remains, whether or not contamination with COVID-19 immediately causes the onset or aggravation of mental disorders. Sero-positivity to influenza A, B, and Coronaviruses had been related to the history of mood disorders (31). In addition, the onset of psychotic disorders had been said to be related to distinct Coronavirus strains (32).

#### **Strategies and interventions followed to psychological stressors and the mental health of children during the pandemic**

**Interventions to psychological stressors:** It was paramount to inspire and undertake healthful conduct to keep the overall well-being of families. The mental well-being of caregivers or mother and father had at once affected the Psychological health of the children. Parents were counselled to comply with and exercise the rule of thumb supplied by the World Health Organization (WHO). The WHO had entreated human beings to observe social distancing tips and keep away from near touch with anyone, specifically from individuals showcasing any respiratory signs (33). The world health organization had also additionally emphasized preserving higher hygiene via way of means of constantly washing hands and the use of suitable shielding tools inclusive of facial masks (33). It additionally counselled to take breaks from watching, reading, or being attentive to information stories, such as social media, because always being bombarded with information about the pandemic was very become distressing. Exercising frequently, working towards yoga or meditation, consuming healthful, taking ok and right slumbering properly, and keeping off alcohol or capsules were prime to preserving mental health. It was likewise important that mother and father offer sufficient aid to their children and assist them in the method of the data approximately the pandemic due to the fact those interventions ought to assist reduce their anxiety and fear (33). Schools, mothers and fathers, and healthcare establishments also gave their effect psychological first aid (PFA) pointers to help children with their mental distress. PFA were offer psychosocial assistance to any survivors of an epidemic or catastrophe (34). It was advanced to mitigate acute distress and verify the want for greater superior psychiatric care. It was useful to put into effect it all through the early levels of disaster to help survivors in handling grief and head off the long-time period effect of stress on mental health. The 'RAPID' version of the John Hopkins PFA device consists of 5 steps,

- R - Rapport and reflective listening, applied for the duration of the interaction;
- A - Assessing and comparing the mental wishes

- P - Prioritizing the wishes primarily based totally on the severity
- I - Intervening to mitigate distressing elements
- D -Disposition and distribution of intervention to stabilize the survivor (35-36).

**Strategies followed by educational institutions:** Schools and various education institutes were play very important roles during the pandemic. They kept the mental health of children via way of means of helping and offering updated world health organization guidelines via online lectures. Also, a certified counsellor had to assist kids to control the COVID-19-associated strain by imparting coping mechanisms and techniques in both group and individual sessions. Various Counselling sessions occurred to had to assist the mental health and psychological well-being of children on time. Different -different technical groups also worked continuously and provided tutorials and videos were shared with the end users. Similarly, instructors and the school also help children and their parents thru clear conversations and by assigning clear expectations during the pandemic (35). A certified counsellor was regularly to take a complete evaluation of children deemed inclined via hazard elements including mental problems, along with negative mental health earlier than the disaster, bereavement, damage to self or own circle of relatives individuals, existence-threatening circumstances, panic, separation from own circle of relatives, and low household income. Psychological evaluation was assist them to address their mental health issues and stabilize their situation as they gain more education and could talk about the effect of a pandemic. It offered those help and reassurance to construct resilience and inspire them to live positively and motivated (37).

**Evidence-based recommendations:** Mental health entails the regulation of our feelings and emotions, psychological, and social well-being. Mental health influences how we think, sense, and act. It additionally enables decide how we react to stress, correlate with others, and our decision-making. Mental fitness is widespread at some stage in our lives, from early youth to early life and thru adulthood. Mental illness arise while mental health is affected and results in situations that have an effect on the manner someone thinks, feels, or behaves, which includes depression, anxiety, bipolar disease, or schizophrenia. Mental health can motivate situations that can be acute or chronic and adjust the manner. We stay our lives every day through our rationalizations. Psychological and physical health are interdependent, each running collectively to shape who we are. Mental illness, specifically depression, limits rational thinking and will increase the danger of different health issues such as diabetes. The pandemic was a very chronic condition that booms the various mental illness. It was crucial to strike a wholesome stability between children's physical and psychological well-being (37). Protecting and preserving the mental health of future adult generations is simplest viable with strong education and healthcare device. It is vital to have adequate sources to triumph over this disaster. Recruiting extra faculty personnel, clinicians, and mental health counsellors had to deal with the stress on the system for assisting children throughout this pandemic (40-41).

Moreover, children with insufficient facts approximately why quarantine measures were taken are likely to have more anxiety. Therefore, it's far crucial to expose children to more information about COVID-19 thru numerous sources, such as evening news (40-41). This will make children extra aware of the motive at the back of now longer most effective why quarantine measures have been installed place, however, they may additionally analyze greater approximately what COVID-19 is. Parents and guardians are recommended to talk with their children about the information they learned, which might also additionally assist to reduce the negativity related to COVID-19 and quarantine. Additionally, speaking with children approximately howthey may be processing the facts, will offer the emotional gear they needrequire to do properlyin quarantine (38). Not simplest can parents tell kids approximately quarantine, but, they also can employ "positive parenting" (42). Children are susceptible to examine mother and father' and their circle of relatives participants' moods throughout quarantine, which the children react

to. Through positive parenting, parents, guardians, and their circle of relative's contributors can create a steady day-by-day routine to keep away from the distress of unstructured days (42-43). While dad and mom can offer a deeper know-how of COVID-19 and quarantine, the school system can offer in addition reassurances and teach children approximate feelings (44). School structures have the precise possibility to offer regular facts to a student body, that's not able to get the right of entry to different mental health packagesinside the areas (45). Furthermore,the school systems have to adapt to the new online learning methods and assist children to adjust and thrive in online classes (45-46).Additionally, children may be taught coping mechanisms to self-regulate their very own feelings withoutdependence on others. One technique that achieves this purpose is behavioural activation, which makes a specialty of taking part in activities they enjoy in and now no longer using avoidance (42-43). Alongside the other interventions stated above, behavioural activation can assist children to enhance their problem-solving competencies by conducting healthy behavioursas opposed to dangerous ones (38). Due to the isolation not directly imposed via way of means of the pandemic, children could be predicted to prosper higher in those instances whilst they're taught methods to assist themselves (42-46).

## CONCLUSION

During the pandemic, very serious conditions were suffered by all age groups of people but the children suffered in very different ways. According to our observations and study we found that we have to develop more positive methods the assist children in explicit their emotions such as fear and sadness in any pandemic-like conditions in the future days. Every child has his or her manner of expressing feelings. Sometimes accomplishing an innovative hobby, which includes playing or drawing can facilitate this procedure. Children experience relief if they could explicitly talk about their emotions in secure and supportive surroundings. Children want to be Kept near their parents and own circle of relatives if taken into consideration secure. Avoid separating children and their careers as much as possible. If a child needs to be separated from his or her primary carer, one needs to make sure that suitable alternative care is supplied and that a social worker or equal will frequently follow up with the child. Further, make sure that in durations of separation, Regular contact with parents and careers is maintained, which includes twice-every-day scheduled phone or video calls or different age-suitable communique (e.g. social media). Maintaining familiar routines in daily life as much as possible, or creating new routines, especially if children must stay at home. Providing engaging age-appropriate activities for children, activities for their learning. Encourage children to continue to play and socialize with others, even if only within the family when advised to restrict social contact. During instances of stress and disaster, it's far not unusual for children to seek more attachment and be more demanding toward parents. Discuss COVID-19 together with your child in a sincere and age-suitable manner in the future any conditions like the pandemic reverse their mind will prepare earlier to fight those conditions. We must work more collectively to make progress on those three fronts, information, solidarity,and action.We had won and defeated this pandemic, but to transform the way we nurture and invest in the young generation. But we ought to act now, we should act decisively, and at a very big scale. This isn't always a sluggish issue, it's far a clarion call for the globalchildren, the world's future.

**Conflict of interest:** Authors have no conflict of interest

## REFERENCES

1. Wang C, Pan R, Wan X, Tan Y, Xu L, Ho CS, *et al.* 2020. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health*. 17(5):1729. doi: 10.3390/ijerph17051729.

2. The Alliance for Child Protection in Humanitarian Action. Technical Note: Protection of Children during the Coronavirus Pandemic (v.1); 2020.
3. Frasilho D, Matos MG, Salonna F, Guerreiro D, Storti CC, Gaspar T, et al. 2016. Mental health outcomes in times of economic recession: a systematic literature review. *BMC Public Health*, 16:115. doi: 10.1186/s12889-016-2720-y.
4. Haw C, Hawton K, Gunnell D, Platt S. 2015. Economic recession and suicidal behaviour: possible mechanisms and ameliorating factors. *Int J Soc Psychiatry*, 61(1):73–81. doi: 10.1177/0020764014536545.
5. Kiernan FM. 2019. Income loss and the mental health of young mothers: evidence from the recession in Ireland. *J Ment Health Policy Econ*, 22(4):131–149.
6. Holling H, Schlack R, Petermann F, Ravens-Sieberer U, Mauz E. 2014. Psychopathological problems and psychosocial impairment in children and adolescents aged 3–17 years in the German population: prevalence and time trends at two measurement points (2003–2006 and 2009–2012): results of the KiGGS study: first follow-up (KiGGS Wave 1) *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 57(7):807–819. doi: 10.1007/s00103-014-1979-3.
7. Rindley AW, Valdez CR, Barrueco S, Mills C, Beardslee W, Sandler I, et al. 2008. Development of a family-based program to reduce risk and promote resilience among families affected by maternal depression: theoretical basis and program description. *Clin Child Fam Psychol Rev*, 11(1):12–29. doi: 10.1007/s10567-008-0030-3.
8. Bosanac P, Buist A, Burrows G. 2003. Motherhood and schizophrenic illnesses: a review of the literature. *Aust N Z J Psychiatry*. 37(1):24–30. doi: 10.1046/j.1440-1614.2003.01104.x.
9. Klein M. Kinder aus alkoholbelasteten Familien - Ein Überblick zu Forschungsergebnissen und Handlungsperspektiven. *Suchttherapie*. 2001;2(03):118–124. doi: 10.1055/s-2001-16416.
10. Rasic D, Hajek T, Alda M, Uher R. 2014. Risk of mental illness in offspring of parents with schizophrenia, bipolar disorder, and major depressive disorder: a meta-analysis of family high-risk studies. *Schizophr Bull*.40(1):28–38. doi: 10.1093/schbul/sbt114.
11. Nations; U. UN chief calls for domestic violence ‘ceasefire’ amid ‘horrifying global surge’. <https://news.un.org/en/story/2020/04/1061052>. 2020.
12. Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse Negl*. 2008;32(8):797–810. doi: 10.1016/j.chiabu.2008.02.004
13. MacMillan HL, Wathen CN, Varcoe CM. Intimate partner violence in the family: considerations for children’s safety. *Child Abuse Negl*. 2013;37(12):1186–1191. doi: 10.1016/j.chiabu.2013.05.005.
14. Hillis SD, Mercy JA, Saul JR. The enduring impact of violence against children. *Psychol Health Med*. 2017;22(4):393–405. doi: 10.1080/13548506.2016.1153679.
15. Huang MI, O’Riordan MA, Fitznerider E, McDavid L, Cohen AR, Robinson S. Increased incidence of nonaccidental head trauma in infants associated with the economic recession. *Pediatrics*. 2011;127(2):171
16. Schneider W, Waldfogel J, Brooks-Gunn J. The Great Recession and risk for child abuse and neglect. *Child Youth Serv Rev*. 2017;72:71–81. doi: 10.1016/j.chidyouth.2016.10.016
17. Paleologou MP, Anagnostopoulos DC, Lazaratou H, Economou M, Peppou LE, Malliori M. Adolescents’ mental health during the financial crisis in Greece: the first epidemiological data. *Psychiatriki*. 2018;29(3):271–274. doi: 10.22365/jpsych.2018.293.271.
18. Team ICC-R. Estimating the number of infections and the impact of non-pharmaceutical interventions on COVID-19 in 11 European countries. <https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-Europe-estimates-and-NPI-impact-30-03-2020.pdf>; 2020.
19. BBC. Coronavirus: what lockdown is like for kids all around the world. <https://www.bbc.co.uk/newsround/52106625>. 2020.
20. Gifford-Smith ME, Brownell CA. Childhood peer relationships: social acceptance, friendships, and peer networks. *J Sch Psychol*. 2003;41(4):235–284. doi: 10.1016/S0022-4405(03)00048-7.
21. Oberle E, Schonert-Reichl KA, Thomson KC. Understanding the link between social and emotional well-being and peer relations in early adolescence: gender-specific predictors of peer acceptance. *J Youth Adolesc*. 2010;39(11):1330–1342. doi: 10.1007/s10964-009-9486-9.
22. UNESCO. COVID-19 Educational Disruption and Response. <https://en.unesco.org/covid19/educationresponse>. 2020.
23. Viner RM, Russell SJ, Croker H, Packer J, Ward J, Stansfield C, et al. School closure and management practices during coronavirus outbreaks including COVID-19: a rapid systematic review. *Lancet Child Adolesc Health*. 2020.
24. Fegert JM, Kehoe LA, Vitiello B, Karwautz A, Eliez S, Raynaud J-P, et al. COVID-19: services must remain active, we must communicate with networking partners and avoid further closure of psychiatric units. <https://www.escap.eu/index/coronavirus-and-mental-health/maintain-contact-with-patients-and-their-families-and-prevent-closure-of-services>. 2020.
25. Fegert JM, Berthold O, Clemens V, Kölch M. COVID-19-Pandemie: Kinderschutz ist systemrelevant. *Dtsch Arztebl Int*. 2020;117(14):A-703.
26. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020; 395(10227):912–920. doi: 10.1016/S0140-6736(20)30460-8.
27. Horesh D, Brown AD. Traumatic stress in the age of COVID-19: a call to close critical gaps and adapt to new realities. *Psychol Trauma*. 2020;12(4):331–335. doi: 10.1037/tra0000592
28. Sprang G, Silman M. Posttraumatic stress disorder in parents and youth after health-related disasters. *Disaster Med Public Health Prep*. 2013;7(1):105–110. doi: 10.1017/dmp.2013.22.
29. UNICEF. COVID-19 and its implications for protecting children online [https://unicef.at/fileadmin/media/News/Pressemeldungen/2020/COVID-19\\_and\\_its\\_implications\\_for\\_protecting\\_children\\_online\\_Technical\\_note.pdf](https://unicef.at/fileadmin/media/News/Pressemeldungen/2020/COVID-19_and_its_implications_for_protecting_children_online_Technical_note.pdf). 2020.
30. Europol. Catching the virus cybercrime, disinformation and the COVID-19 pandemic. <https://www.europol.europa.eu/publications-documents/catching-virus-cybercrime-disinformation-and-covid-19-pandemic>. 2020.
31. Okusaga O, Yolken RH, Langenberg P, Lapidus M, Arling TA, Dickerson FB, et al. Association of seropositivity for influenza and Coronaviruses with history of mood disorders and suicide attempts. *J Affect Disord*. 2011;130(1–2):220–225. doi: 10.1016/j.jad.2010.09.029.
32. Severance EG, Dickerson FB, Viscidi RP, Bossis I, Stallings CR, Orioni AE, et al. Coronavirus immunoreactivity in individuals with a recent onset of psychotic symptoms. *Schizophr Bull*. 2011;37(1):101–107. doi: 10.1093/schbul/sbp052
33. Shah K, Kamrai D, Mekala H, Mann B, Desai K, Patel RS: Focus on mental health during the coronavirus (covid-19) pandemic: applying learnings from the past outbreaks. *Cureus*. 2020, 12:e7405. 10.7759/cureus.7405
34. Birkhead GS, Vermeulen K: Sustainability of psychological first aid training for the disaster response workforce. *Am J Public Health*. 2018, 108:S381–S382. 10.2105/AJPH.2018.304643
35. Everly GS Jr, Barnett DJ, Links JM: The Johns Hopkins model of psychological first aid (rapid-pfa): curriculum development and content validation. *Int J Emerg Ment Health*. 2012, 14:95–103.
36. Shah K, Bedi S, Onyeaka H, Singh R, Chaudhari G: The role of psychological first aid to support public mental health in the covid-19 pandemic. *Cureus*. 2020, 12:e8821. 10.7759/cureus.8821
37. Learn about mental health. (2018). Accessed: July 20, 2020: <https://www.cdc.gov/mentalhealth/learn/index.htm>.
38. Guidance to states and school systems on addressing mental health and substance use issues in schools. (2019). Accessed: July 21, 2020: <https://store.samhsa.gov/product/guidance-states-and>

- school-systems-addressing-mental-health-and-substance-use-issues.
39. Shah K, Chaudhari G, Kamrai D, Lail A, Patel RS: How essential is to focus on physician's health and burnout in coronavirus (covid-19) pandemic?. *Cureus*. 2020, 12:e7538. 10.7759/cureus.7538
40. Merikangas KR, He JP, Burstein M, *et al.* 2010. Lifetime prevalence of mental disorders in U.S. adolescents: results from the national comorbidity survey replication-adolescent supplement (ncs-a). *J Am Acad Child Adolesc Psychiatry*. 49:980-989. 10.1016/j.jaac.2010.05.017
41. Kessler RC, Angermeyer M, Anthony JC, *et al.* 2007. Lifetime prevalence and age-of-onset distributions of mental disorders in the world health organization's world mental health survey initiative. *World Psychiatry*. 6:168-176.
42. Imran N, Aamer I, Sharif MI, Bodla ZH, Naveed S. 2020. Psychological burden of quarantine in children and adolescents: a rapid systematic review and proposed solutions. *Pak J Med Sci.*, 36:1106-1116. 10.12669/pjms.36.5.3088
43. Lee J. 2020. Mental health effects of school closures during covid-19. *Lancet Child Adolesc Health.*, 4:421. 10.1016/S2352-4642(20)30109-7
44. De Sousa A, Mohandas E, Javed A: Psychological interventions during covid-19: challenges for low and middle income countries. *Asian J Psychiatr*. 2020, 51:102128. 10.1016/j.ajp.2020.102128
45. Fazel M, Patel V, Thomas S, Tol W. 2014. Mental health interventions in schools in low-income and middle-income countries. *Lancet Psychiatry*. 1:388-398. 10.1016/S2215-0366(14)70357-8
46. Viner RM, Russell SJ, Croker H, *et al.* 2020. School closure and management practices during coronavirus outbreaks including covid-19: a rapid systematic review. *Lancet Child Adolesc Health*. 4:397-404. 10.1016/S2352-4642(20)30095-X

\*\*\*\*\*