



mind MATTERS



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Boy attending online class from home

The effects of the Covid-19 pandemic have been far-reaching across the world, touching all our lives in various ways. In children, the long-term effects have perhaps been the worst. Mental health problems had significantly increased in children during the outbreak of the pandemic in terms of concentration, anxiety, depression and aggression. Children with ADHD (Attention-Deficit / Hyperactivity Disorder) were uniquely affected by the pandemic-induced shift in school routine. The task of adjusting to a completely digital mode of learning was particularly difficult for them as they already had problems with planning, concentrating, and staying motivated.

Online learning presents unique challenges for children, including increased distractibility, reduced structure, impaired executive functioning, social isolation, technological difficulties, and potential mismatch with preferred learning styles. The lack of external supervision and structure can also be problematic, as can the need for self-regulation and independent time and task management.

Furthermore, executive functions such as organisation, planning, and time management, which are commonly impaired in ADHD and learning problems, are essential for navigating digital platforms, managing multiple information sources, and sticking to schedules. Besides, technical issues and glitches during online learning sessions disrupt children who have lower frustration tolerance and difficulty coping with unexpected disruptions.

Furthermore, research has highlighted the importance of

social interactions in the lives of children, as these interactions provide opportunities for learning and developing social skills. The pandemic led to a reduction in social interactions, which may have had negative implications on the social behaviour of children.

While online learning offers advantages like accessibility and flexibility, it can also impact cognitive function and attention. It increases cognitive load as it requires managing multiple information sources, and demands significant self-regulation.

The impact of the pandemic on the mental health of children has been seen across several behavioural abnormalities. Some cases of children being impacted by the pandemic are discussed here.

HA is a 10-year-old male child studying in an urban background school in class V. During two years of online education, all his mathematics work was done by his tutor. After the lockdown, when schools restarted, he had major difficulty in coping with academics.

His parents further reported that during the pandemic, the child had increased screen usage, which is continuing. The child tends to spend a considerable amount of time on online games and watching social media reels. This leads to further increased distraction from studies. In terms of academics, the child is unable to perform complex

arithmetic sums and is unable to relate to formulas. He also is facing difficulty in writing essays independently and his handwriting has deteriorated.

Currently, the child has been diagnosed with Internet addiction, inattention issues and difficulty in arithmetic. He has been treated with behaviour modification and remedial education strategies. Sessions were conducted by clinical psychologists and remedial educators. In behaviour modification, limit-setting was done on Internet usage and the child was allowed to use the Internet after completing his studies following the Premack principle.

Token economy was also introduced in order to reinforce regular activity scheduling. Along with contingency management, attention training was regularly done following cognitive tasks like sudoku, puzzles and mazes. In remedial education, his educator focused on teaching complex arithmetic tasks to the child with simple learning strategies and practical demonstrations for learning formulas.

With eight-10 sessions of behaviour therapy and approximately 20 sessions of remedial education, the child showed significant improvement. Currently, he is functioning well and is on par with his batchmates in arithmetic. Handwriting classes were done in addition to these therapies to facilitate neat work in school.

SP is a nine-year-old girl currently studying in class IV. During the pandemic, her parents were strict and she was made to sanitise her hands frequently along with ritualistic handwashing being followed. At that time, she also witnessed illnesses in the family and the death of close relatives. Now, she is having repeated thoughts about dirt around and has the fear of developing illness.

The child also spends considerable time on cleaning rituals like handwashing, cleaning and sanitising her hands. Further, she tends to constantly check on the health of her close family members and frequently expresses fears about losing her parents. With assessment, the girl has been diagnosed with obsessive compulsive disorder and separation anxiety disorder.

Due to severe anxiety, the child was under mild medication for three months. As an adjunct to the pharmacotherapy, she was under relaxation training. She was also undergoing child-based cognitive therapy lasting for 16 sessions in total to obtain full recovery. Through CBT, anxiety was controlled using behaviour strategies like distraction and venting of anxiety using stress balls along with bubble papers.

The child was encouraged to write down her negative thoughts. In cognitive restructuring, negative thoughts were challenged using Socratic questioning. She was made to understand her negative thoughts and cognitive errors in

simple language. Further, the girl was made to understand the technique of replacing her negative thoughts with positive alternative thoughts and encouraged to write positive affirmations in order to improve her self-confidence and generate overall positivity.

AL is a four-year-old male child attending play school. He was one year old when the lockdown started. For two years, the child was completely withdrawn from social interaction. He stayed isolated at home in a nuclear family, that is his parents and domestic help. During that period, he did not engage in any social interactions.

After the pandemic, it was observed that the boy had significant school refusal and difficulty in adjusting to school. He also is having trouble in social interaction and would cry on seeing unknown people.

Parents read symptoms online and began to feel that their child had autism. However, the assessment suggested that the child is having significant unresolved stranger anxiety along with childhood social anxiety disorder. This is leading to poor peer relations and school refusal.

The boy was treated through expressive art therapy, that is colouring and venting out through play, and behaviour therapy. Initially, parental counselling was done to make the parents understand the impact of the pandemic. Detailed psychoeducation was done to parents so they could understand the symptoms related to social anxiety and school refusal in children and how his symptoms differed from autism.

In behaviour therapy, the child was subjected to graded exposure to school. For the first two weeks, the child was shown videos of school activities. Gradually, he was sent to school for a short duration of one hour with a parent. Teachers ensured a supportive environment for the child at school. Gradually, school hours were increased and parental supervision was gradually withdrawn.

Simultaneously, the child was given social skills training through role play and group sessions with same-age children. Currently, he is well-adjusted in school and is able to form peer relationships.

ONLINE LEARNING PRESENTS UNIQUE CHALLENGES FOR CHILDREN, INCLUDING INCREASED DISTRACTIBILITY, REDUCED STRUCTURE, IMPAIRED EXECUTIVE FUNCTIONING, SOCIAL ISOLATION, TECHNOLOGICAL DIFFICULTIES, AND POTENTIAL MISMATCH WITH PREFERRED LEARNING STYLES

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