

Pandemic and Mental Health

Attention, Assistance and Support for Children, Adolescents and Young Adults
in and after Societal Crises

AD HOC RECOMMENDATION

Berlin, 28 November 2022

In the context of the COVID-19 pandemic, the psychological burdens, especially for children, adolescents and young adults, have often been overlooked by the public. In late September 2022, the German Ethics Council invited about 350 pupils to share their experiences during the COVID-19 pandemic under the motto: “Meet the German Ethics Council! Our Life in the Pandemic”. In their statements and presentations, the pupils illustrated what was confirmed in scientific studies over the past two years*: Children, adolescents and young adults had to bear a heavy burden due to the pandemic and the infection control measures. The German Ethics Council pointed out this fact in its Opinion “Vulnerability and Resilience in a Crisis – Ethical Criteria for Decision-Making in a Pandemic”. However, in retrospect it can be said that this statement came too late. Through their creative experience reports, the invited young people gave their generation a voice and a face. Society owes a lot to children, adolescents and young adults. Among other aspects, this includes the explicit admission that during the pandemic, the concerns and burdens of the younger generations, and especially the challenges to their mental health, did not receive sufficient attention in social and political awareness and action, including by the German Ethics Council. This omission must be used as an opportunity to give more weight to the concerns of younger people in the future.

The pandemic as a time of emotional and existential crisis

Given the constantly new challenges and changing situation, it is impressive to see how children, adolescents and young adults in different stages of their lives managed to adapt to the overwhelming changes

of their everyday lives and to deal with them. Many young people coped surprisingly well with transferring their learning environment to the digital sphere, with the discontinuation of many leisure opportunities, and with being separated from friends and family members, by using their creativity, by digital networking, and through developing new skills. Nevertheless, the catastrophic experience of the pandemic presented an existential challenge for all. This experience is characterised by solitariness, isolation and fear, excessive media consumption and the lack of external structures that would usually provide stability in life. The learning of educational content that could not (always) be sufficiently well taught due to school closures led to additional pressure to perform, which continues up until today. Learning deficits soon became an issue. However, the fact that places of learning are also social living spaces has often been overlooked. The adolescents taking part in the German Ethics Council’s above-mentioned event included in their contributions the suffering of their younger siblings, often silently endured, and pointed out that younger children had neither the – insufficiently compensating – option of meeting in digital formats, nor had they the linguistic skills to put in words and communicate their misery. They said that many others, especially socially disadvantaged people, were far worse off than themselves. Especially in phases of transition, for example from kindergarten to primary school, from primary school to secondary school or from school to an apprenticeship or to university studies, insecurity and emotional distress increased disproportionately in all age brackets.

On the one hand, family and close relations offered stability and safety, which was generally only possible because parents and caregivers in families assumed considerably more care work, although their professional workload stayed the same, which often came at the cost of severe disadvantages in their job and of mental stress for themselves. On the other hand, conflicts within the family and even the experience

* The present Ad Hoc Recommendation is based on the results of current studies, some of which are referenced at the end of this text, and on the expertise of selected researchers.

of violence (emotional and physical abuse, sexualised violence) were part of everyday life during the pandemic, and especially in times of severe curfews and contact restrictions young people often found themselves caught in dead-end situations. The younger generation perceived adults and older people sometimes as being fearful, stressed out, unable to cope or even self-centred. Moreover, public reproaches that the younger generation would behave carelessly and selfishly during the pandemic (“young party-goers”) were felt as a burden.

Between the poles of emotional distress and mental illness

To what extent the pandemic as such and the measures to manage it were perceived as a burden, mainly depended on the personal life situation, which was influenced by coinciding and mutually reinforcing factors of stress. Individual disposition and concerns, pre-existing health and other impairments, the respective living conditions (e.g. housing situation), but also a difficult family situation exacerbated the strain. Vice-versa, a stable family context could contribute to constructively dealing with and personally coming to terms with the crisis. With a view to society’s responsibility for the damage done in the course of the pandemic, individual resilience may not serve as a benchmark: It is necessary to collectively compensate for burdens that were the consequences of measures decided in politics, and that affected people in the situation and condition in which they found themselves at the time. In any case, almost all children, adolescents and young adults were faced with this radical change of life, which seemed to take away all the certainties they used to have. Many of them reached the limits of what they could endure – even more so as nobody had asked for their opinion and their voice had not been heard. Mental stress for which there was no early-on, actually available professional assistance

and support, therefore sometimes turned into manifest mental diseases, which could not and cannot be dealt with without targeted professional help, from counselling via assistance to therapy. Such help was often only available after long waiting periods, or is not available even today. In addition, great differences exist with regard to the opportunities to find and benefit from suitable offers of assistance. There is a lack of suitable support offers for (groups of) people who are in urgent need of timely assistance because of the severity of their burden, and whose access opportunities to the scarce offers are considerably restricted due to various factors (e.g. language barriers, educational alienation). The misallocation of therapeutic resources in this sensitive area may also in the long term jeopardise equal opportunities among the young generation. Many of these diseases are not uncommon at this age (e.g. eating disorders, addictions, anxiety disorders and depressions), but their incidence is higher due to the pandemic. Unless timely and easily accessible assistance is provided, it must be feared that even in the present time, when most of the measures for the containment of the pandemic affecting children, adolescents and young adults have been revoked, the psychological consequences of the pandemic will persist. Many of the young people concerned and their families and friends feel left alone and have the impression that the pandemic’s consequences are defined as their individual problem that they must cope with by themselves. This emergency situation also threatens the concerned people’s future participation in social life.

Solidarity and generational justice

It is moreover an imperative of intergenerational solidarity that children, adolescents and young adults must not be left alone in their emotional distress. Young people have voluntarily and consciously shown the solidarity that had been asked of them during the acute phase of the pandemic in the interest

of old, ill or otherwise vulnerable persons. Then they had to realise that society as a whole did not respond to their own emergency situation. Intergenerational solidarity will be experienced as unilateral if those who have shown solidarity are not shown solidarity in return when they need it. Solidarity between generations will only develop in the right direction if it includes intergenerational justice that is mindful of a fair distribution of burdens, also in coping with a pandemic. This “unreciprocated solidarity” and the resulting imbalance in intergenerational justice will have precarious consequences, because there is a lack of social appreciation for the service of solidarity, and because the impression arises that one’s own interests and wishes do not count. This does not only apply to the COVID-19 pandemic and its consequences, but to any crisis whose management affects society as a whole. In the future, it is all the more important to make sure that children, adolescents and young adults will not again be restricted in their personal development in such a unilateral way. This also holds true for the current energy supply crisis due to the Russian war of aggression against Ukraine and, in the middle and long term, especially for dealing with the global climate crisis.

Physical and mental integrity

In spite of some offers of assistance that communities and the civil society provided, for example to catch up on learning contents or to compensate for physical or cultural skills, the impression persists that the needs of the younger generation are barely being given any attention. This is particularly true with regard to assistance, support, rehabilitation, reintegration and promotion of participation in case of mental stress and diseases.

In order to strengthen intergenerational solidarity and justice, efficacious social and political answers are required. The management of the pandemic initially

focused almost exclusively on health in the sense of physical integrity. Other dimensions of a comprehensive definition of health, especially mental and psychosocial integrity, escaped public attention for too long. Accordingly, the specific vulnerability of the young generation was not paid sufficient heed.

However, health integrity is not complete without mental integrity. Particularly in retrospect of the past years it is necessary to (self-)critically analyse the effects of the various measures to contain the pandemic, which always severely affected the young generation. Such an analysis must especially include the – partly unexpected – negative consequences of certain measures for children, adolescents and young adults.

A particularly urgent need is the lack of timely available psychosocial prevention, counselling, support and care. Even before the pandemic, deficits in the provision of such services existed. Due to the rising counselling needs within and outside of educational institutions, and also because of the increasing need for therapeutic care, these deficits have become considerably larger. Children, adolescents and young adults who have developed a mental disease during the pandemic require high-quality and carefully targeted services. That these are currently not available is evident in the long waiting periods for diagnostics and for the ensuing adequate support and therapy.

This is why the German Ethics Council recommends a rapid, sustainable improvement of the supply situation that follows the principles of distributive justice, not only in the area of diagnostics, but also for the provision of preventive and therapeutic offers as well as services fostering participation. Such an improvement would benefit everyone in emotionally stressful life situations, first and foremost children, adolescents and young adults. Moreover, if the aim is to counteract future burdens, care must be taken to continuously build up psychosocial resilience in children, adolescents and young adults. Resilience is also reinforced by means of a systematic improvement of the living conditions of families.

Recommendations

1. Low-threshold and widely available psychological offers at schools as well as psychosocial support services, for example through qualified social work at schools, shall be reinforced and integrated as a standard in everyday school life and among school staff. In view of the shortage of qualified staff, more offensive strategies to recruit personnel are required. As the school is a crucial living space for children and adolescents, offers for their personal development and support must be provided in the schools, and interlinked with other support offers, especially by the public and private child and youth welfare services and by the health sector. Without the clearly defined responsibility of the schools, a so-called negative conflict of competence might ensue, which could lead to a situation where nobody feels in charge, and children and adolescents disappear from view. The same applies to tertiary education, where the existing psychological and psychosocial counselling offers should be expanded.
2. The working capacities of facilities that provide diagnostics, counselling, curative treatment and participatory support for children and young people, as well as assistance for parents and families, should be fostered through reliable funding. Again, it is necessary to rapidly build up human resources, in spite of the shortage of qualified staff. Moreover, existing structural obstacles must be removed. In order to be able to support particularly severely affected families, children and adolescents, it is imperative to equip the child and youth welfare services with resources. This includes an improved co-operation of the professional groups at the interfaces of the support systems.
3. Information campaigns are required that advise on counselling and other support offers in a non-stigmatising and culturally sensitive way. They should make mental health and illness a subject of discussion and show low-threshold access to counselling and support offers. Although such information campaigns should refer to the public sphere, they should mainly be carried out in a targeted manner in day-care centres, schools, youth and recreational facilities and at institutions of tertiary education.
4. Existing support offers should, if it is not yet reliably the case, be complemented by comprehensive, free-of-charge leisure opportunities. These should be specially targeted for children in risk situations or with multiple problems, and should provide assistance and support when coping with difficult transition phases, e.g. from youth to young adulthood.
5. It is recommended to specifically train professionals in education, social services and health care with continuous everyday contacts to children, adolescents and young adults in the prevention of mental stress and disorders, so that they will discern problems at an early stage and put the persons concerned in contact with the corresponding support offers.
6. In order to provide children and adolescents with mental problems with faster and uncomplicated access to diagnostics and treatment from physicians and other professionals, precise plans should be presented in a timely manner, detailing how to remedy the existing deficits, i.e. how to increase the number of therapeutic staff and to distribute the existing resources in a targeted manner. Particular care must be taken to make sure that no distortion to the disadvantage of socially underprivileged young people arises, for example through a lack of therapy places for people with a statutory health insurance. Moreover, it must be verified at a regional level whether the out-patient therapeutic care of patients with a statutory health insurance must be further expanded.

7. Only a provision of care that is sufficiently balanced between out-patient and in-patient care can avoid hospitalisation where mental sufferings have become chronic. Frequently, the existing offers are not sufficiently interconnected. It is particularly necessary to extend cross-sectoral, multi-professional care networks (stepped care approaches). The existing offers from prevention via counselling and assistance to treatment and follow-up care must be consistently developed and expanded in the different regions. They also must become more closely interconnected, be subject to regular evaluations and further development.
8. All counselling and support offers in schools, tertiary education, the health sector and child and youth welfare services should be developed systematically, and the concerned persons' essential life world situation (e.g. in the family) should be taken into account. In addition, reliable co-operations should be established with suicide prevention services. Generally, for all offers reliable financing must be guaranteed in the long term.
9. Research on the consequences of measures to manage societal crises (not only pandemics) should be encouraged, in order to improve offers of prevention, counselling, diagnostics, therapy and rehabilitation in an evidence-based manner. Such research is also required according to the decision of the Bundesverfassungsgericht (Federal Constitutional Court) called "Bundesnotbremse II", in order to enable political decision-making in crisis management under the aspect of proportionality to take into account the interests of children, adolescents and young adults in a more differentiated manner.
10. It must be made sure that children, adolescents and young adults will not again be the first to carry the load of crisis management in societal crises, or to bear the largest burden, but that they will be protected to the best of society's abilities. This also requires taking their concerns seriously, enabling age-appropriate participation in crisis management and consulting children, adolescents and young adults themselves.
11. In the course of the pandemic, children, adolescents and young adults experienced particularly severe burdens. They put up with considerable restrictions of their freedom, and at the same time showed a high degree of solidarity. Society owes children, adolescents and young adults great gratitude and respect for this proof of solidarity. This mandates concrete action. The German Ethics Council recommends that politicians clearly express this acknowledgement, and act accordingly.

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