

Indirect consequences of COVID-19 on children's health

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To the Editor—Unlike adults, children appear to be fortunately spared from the direct effects of coronavirus disease 2019 (COVID-19).¹ However, the closure of schools and restrictions on public gatherings, coupled with prolonged social distancing and isolation measures may result in adverse physical and psychosocial consequences for children and adolescents. These consequences include excess mortality due to disruptions to routine healthcare services²; developmental delays³ and anxiety⁴ associated with school closures; increased susceptibility to cyber bullying due to more frequent social media use, resulting in low self-esteem, depression and anxiety⁵; increased risk of obesity associated with sedentary lifestyle; and poor sleep patterns due to disrupted daily routines.⁶ The authors have witnessed children who are at home because of school closures experiencing dramatic weight gain due to reduced physical activity but increased consumption of junk food (the so-called COVID pandemic obesity syndrome or CObesity syndrome). Children with special physical or psychosocial needs, pre-existing mental health problems, or migrant backgrounds are particularly vulnerable to this adversity.⁷

The United Nations provides guidance to nations and non-government organisations on safeguarding and mitigating the impacts of COVID-19 on children globally, including the most vulnerable children living in low-income countries,⁸ with progress advised on three fronts: information, solidarity, and action.⁹ In order to mitigate this public health threat, regular and emergency child and adolescent psychiatric services must be maintained. Moreover, further research must be carried out to understand the psychosocial effects of social distancing and home schooling, identify risk and resilience factors, prevent long-term mental health consequences especially child maltreatment, and explore the feasibility and optimal model of telepsychiatry. We hope that these issues can be considered in planning exit strategies as countries around the world transform from the “BC” (Before COVID) era to a ‘new normal’ of the “AC” (After COVID) era.

Author contributions

All authors contributed to the drafting of the letter and critical revision for important intellectual content. All authors approved the final version for publication and take responsibility for its accuracy and integrity.

Conflicts of interest

As an editor of the journal, KL Hon was excluded from the review process for this letter. The other authors have no conflicts of interest to disclose.

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