



Commentary

COVID-19, Mental Health, and Young People's Engagement

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The COVID-19 pandemic has had a profound impact on the mental health of young people around the world, who are living through an unprecedented global public health crisis. Prolonged school closures and mandated social distancing requirements have impacted the well-being of young people across multiple dimensions. This has heightened fear, isolation, helplessness, sadness, worry, disappointment, and anger as well as other psychological distress among adolescents [1–4] [polls: [5,6]].

Even prior to the COVID-19 pandemic, neuropsychiatric disorders accounted for 16% of the global burden of disease for adolescents and youth (age 10–24), while self-harm is the third leading cause of global disability-adjusted life years among this age group [7,8]. Although nearly one in every seven young people globally experience a mental disorder, many of these young people and their families do not have access to professional care and support [9]. When left untreated, mental disorders adversely impact health, academic, and social outcomes both in adolescence and persisting into adulthood [10,11]. The burden of mental disorders among young people today is a major threat to global socioeconomic progress [12,13].

Recognizing the mental health needs of young people during the COVID-19 pandemic, the Secretary-General's Envoy on Youth, the World Health Organization, and UNICEF hosted #Coping-withCOVID, a nine-part webinar series (and Instagram Live) held

between April and July 2020. The online series provided young people with a platform to learn from each other and topic experts, generate mental health awareness, promote mental well-being, and strengthen the call for youth-centered mental health support and services. Each webinar offered a different theme. These ranged from general topics such as self-care and knowing when you need more than self-care, to deep-dives around experiences and needs of specific groups, such as young people in humanitarian settings, adolescent caregivers, young people with disabilities, and those from the Lesbian, Gay, Bisexual, Trans, Intersex or Questioning (LGBTIQ+) and indigenous communities. Over 40 young people across 20 countries were engaged in creating and delivering content during the series.

Data on adolescent and youth mental health are extremely limited across low-to-middle-income countries (LMICs), yet it is critical for informing decisions about policies, programs, and investments. The discussions emerging from the #Coping-with-COVID webinar highlighted how youth perspectives must also be central to the global mental health dialogue. We heard clearly that around the world, mental health deeply influences young peoples' quality of life—and that as with physical health, their mental health must be carefully nurtured, maintained, and supported. Youth perspectives shared during the #Coping-with-COVID series highlighted that:

- Inequities in access to information, participation, care, and support have disproportionately exacerbated the mental health and socioeconomic impacts of the COVID-19 pandemic on young people. This is especially true for already-vulnerable populations such as migrant and refugee youth, young caregivers, indigenous and LGBTIQ+ communities, as well as young people living with disabilities and those who are digitally disconnected.
- Young people struggle to find mental health resources and support that meet their needs. Youth need information, tools, and services that are adolescent-responsive, culturally

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relevant, gender-affirming, and reinforced by support from within their families and communities, so they do not feel more stigmatized and isolated.

- Youth leadership and engagement is often undervalued in the global mental health landscape. Young people are well-placed to help peers cope with everyday challenges, navigate care systems, and engage positively with their families and communities, yet peer-led systems are rarely included as an institutionalized component of mental health systems.

Collective reflection during the discussions also revealed insights about positive opportunities emerging during the pandemic. For example, people were forced to pause and re-examine their sense of purpose, future, relationships, and daily routines. Although some young people discovered new talents and hobbies, others took the time to deepen connections with family members and friends. For some, COVID-19 helped “equal the playing field.” Young people who had previously felt excluded, such as those with disabilities, felt included in novel ways and more engaged in mainstream life due to widespread reliance on technology that, in some cases, was more accessible to them than physical social connection. Participants also noted they felt an increased welcoming of youth voices, and the opening of opportunities to more meaningfully contribute to discussions on mental health.

The COVID-19 pandemic has underscored the urgency of addressing these gaps, and the #CopingwithCOVID webinar discussions highlighted three calls for action:

First, Reorient the “Decision Making Table.” This means that young people should be equal stakeholders in the mental health response at global, regional, national, and local levels. Young people cannot not be considered an “add-on” to adult-led initiatives. Young people are a constituency who hold uniquely critical perspectives and skills necessary for informing and driving mental health policy, service delivery, and research. Meaningful engagement of young people requires establishing sustainable mechanisms not only for their participation, but also for the emergence of youth-led solutions and implementation. At the same time, we must recognize that young people are not a homogenous group. Engaging young people must include making space for more diverse representation and opportunities.

Second, Destigmatize Mental Health. Young people have underscored that greater destigmatization efforts are needed for promotion of mental well-being and support for mental ill health. Young people can and do play a key role in these efforts, from advocating at global and national level, to leading dialogue with family and friends, and mobilizing community-level change. This includes working to integrate mental health conversations and support beyond clinical settings and into venues and opportunities such as the arts, social media, schools, video games, and sports; and ensuring workers such as teachers, medical professionals, and social service providers are able to incorporate mental health destigmatization efforts both from an organizational culture and a quality of care perspective.

Third, Invest in Mental Health Services. Investments are needed toward the provision of culturally relevant, accessible, affordable, nondiscriminatory, and confidential mental health services for and with young people. This includes mainstreaming mental health services across all levels of healthcare and social systems, from primary healthcare centers to schools, to within parenting programs, and via peer-to-peer approaches, both online and offline. Data on adolescent and youth mental health must be prioritized, alongside mechanisms to capture and incorporate their perspectives.

These three calls for action represent pressing needs raised by young people to respond, recover, and rebuild from COVID-19.

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References

- [1] Duan L, Shao X, Wang Y, et al. An investigation of mental health status of children and adolescents in China during the outbreak of COVID-19. *J Affective Disord* 2020;275:112–8.
- [2] Loades ME, Chatburn E, Higson-Sweeney N, et al. Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry* 2020;59. <https://doi.org/10.1016/j.jaac.2020.05.009>.
- [3] Saurabh K, Ranjan S. Compliance and psychological impact of quarantine in children and adolescents due to Covid-19 pandemic. *The Indian J Pediatr* 2020;87:532–6.
- [4] Jiao WY, Wang LN, Liu J, et al. Behavioral and emotional disorders in children during the COVID-19 epidemic. *The J Pediatr* 2020;221:264. <https://doi.org/10.1016/j.jpeds.2020.03.013>.
- [5] Shujaaz Inc. COVID-19 barometer. 2020. Available at: <https://www.shujaazinc.com/publications/25-04-covid19-barometer/>. Accessed February 16, 2021.
- [6] UNICEF. The impact of COVID-19 on the mental health of adolescents and youth. 2020. Available at: <https://www.unicef.org/lac/en/impact-covid-19-mental-health-adolescents-and-youth>. Accessed February 16, 2021.
- [7] Vos T, Lim SS, Abbafati C, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: A systematic analysis for the global burden of disease study 2019. *The Lancet* 2020;396:1204–22.
- [8] Gore FM, Bloem PJN, Patton GC, et al. Global burden of disease in young people aged 10–24 years: A systematic analysis. *The Lancet* 2011;377:2093–102.
- [9] Kessler RC, Angermeyer M, Anthony JC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 2007;6:168.
- [10] Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: A global public-health challenge. *The Lancet* 2007;369:1302–13.
- [11] Kim-Cohen J, Caspi A, Moffitt TE, et al. Prior juvenile diagnoses in adults with mental disorder. *Arch Gen Psychiatry* 2003;60:709.
- [12] Prince M, Patel V, Saxena S, et al. No health without mental health. *The Lancet* 2007;370:859–77.
- [13] Macintyre A, Ferris D, Gonçalves B, Quinn N. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Commun* 2018;4. <https://doi.org/10.1057/s41599-018-0063-2>.