Introduction: The influence of COVID-19 pandemic policy on child and adolescent mental health: strong signal or mostly noise?

With the exception of the vigorous and intense debate surrounding SARS-CoV-2 vaccination efficacy and COVID-19 policy mandates, arguably no discourse surrounding the pandemic has been more contentious and polarized in both Canada and the United States than the proposed and/or claimed effects of social restriction measures on mental health (1–6). In particular, the effects of school closures (5–7) and other lock down measures on child and adolescent mental health have been vigorously debated on social media—especially among credentialed academics, medical doctors, and scientists on Twitter—often drawing from various academic studies or review articles that appear to support one of two ‘prototype’ conclusions:

1. that school closures and lock downs had much more modest overall negative effects on child and adolescent mental health than portrayed in media and other narratives (or possibly had salubrious effects on some mental health indices, such as reducing the incidence of youth suicide (7)) and media and public official proclamations to the contrary reflected sensationalism that gave rise to a moral panic; or

2. that school closures and lock downs had meaningful cumulative adverse impacts of varying magnitudes on child and adolescent mental health.

Of course, as is so often the case in matters of human psychosocial functioning, determinative, robust single-variable ‘mechanistic’ effects are seldom found and nuance in drawing conclusions is the rule rather than the exception. In today’s social media environment, however, nuance is rarely encountered. Rather, partisans ascribing to one or the other prototype conclusions described above seek to discredit the other, often in divisive, theatrical ways enabled by social media platforms (8). Indeed, one of the motivations for developing this special section of the Journal of the Canadian Academy of Child and Adolescent Psychiatry (JCACAP) arose as a consequence of observing such contentious debate around COVID-19 pandemic policy occurring on Twitter between academics, doctors, and researchers. Given their academic and medical credentials, and in many cases large number of social media followers, these individuals likely influenced public perception of regional, local, and federal pandemic policy in both the United States and Canada. As such, this special section of the journal reflects an effort to provide an organized, academic forum for researchers and scientists from both Canada and the United States an opportunity to engage in a more robust, civil, and principled discourse concerning whether—and how much—COVID-19 related lock downs, and in particular school closures, may have had on child and adolescent mental health functioning.

The focal commentary by Black et al. (9) makes the case that the portrayal of pandemic restrictions by the media and professional organizations, especially those concerning school closure and remote learning, were depicted as having more pernicious consequences and harm for child and adolescent mental health than the data addressing these questions warranted. The rejoinders from Vaillancourt et al. (10) and Vidal et al. (11) push back against this narrative frame with data and analyses of their own, suggesting that the effects of pandemic restrictions on youth mental health functioning were deleterious and non-negligible in magnitude, and likely had disproportionate impact on the most vulnerable youth.

Finally, the rejoinder by Ray (12) stitches the pieces together and highlights that critical methodological issues, including empirical formalizations of endpoint constructs, data
reduction approaches, the time period studied, and other methodological, statistical, and conceptual considerations influence conclusions researchers and research groups draw as they relate to the ‘net effect’ impact of pandemic policy on child and adolescent mental health. Nonetheless, investigating the influence of pandemic policy on child and adolescent mental health with precision and nuance is crucial to better understand how to address current negative mental health impacts, prevent future undue influence of ineffective or iatrogenic policy, and to communicate openly and honestly with the public about the need for given social restrictions during future pandemic circumstances.

Collectively, the investigations and synopses in this special section also underscore the need for moving beyond a ‘net effect determination’ toward a focus on understanding why some youth deteriorated while others did not to advance understanding of mechanisms of risk and resilience that plausibly impacted the outcomes of young people to pandemic-related interventions. Such work will also inform the study of multifinality and equifinality (13,14) as they relate to mental health pandemic science, while also providing a natural integration point with the broader discipline of developmental psychopathology which brings together scientists and practitioners from across the psychological and medical fields (15).

Such questions will require high-quality longitudinal data and analyses, underscoring the need for patience and equipoise from researchers and journalists when discussing and interpreting what the data reveal, especially as findings may inform potential implications for pandemic policy (16). Answering such questions also underscores the inherent issue of ‘levels’ in psychopathology research (17), and the need for investigators to be clear when communicating to the public about the results of their investigation whether they primarily inform policy implementation and practical useability/actionability at the public health level, or basic mechanistic understanding of disease process.

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