www.kosmospublishers.com
contact@kosmospublishers.com
DOI: 10.37722/JNPABR.2026101

Research Article | Journal of Neurology, Psychiatry and Brain Research | JNPBR-246
ISSN 2641-7049

Difficulties Experienced by South African Children and Youth During the Covid-19 Lockdown: A Need for Mental Health Support

[1]Lillian Sindisiwe Nkhwashu*; [2]Jace Pillay

[1]Department of Education (Limpopo Province), South Africa
[2]University of Johannesburg, Faculty of Education GNA 119, Robert Sobukwe Building, Soweto Campus, Soweto, South Africa.

Received Date: December 02, 2025; **Accepted Date:** December 30, 2025; **Published Date:** January 21, 2026;

***Corresponding author**: Lillian Sindisiwe Nkhwashu, Department of Education (Limpopo Province, South Africa; Phone number: 0721883019; **Orcid ID**: https://orcid.org/0000-003-1961-5219 (Lillian Sindisiwe Nkhwashu); Email: lilnkhwashu@gmail.com

Abstract

Objective

The primary objective of this study was to ascertain the difficulties faced by children and youth in the Ehlanzeni Education District, in South Africa, during the COVID-19 pandemic lockdown period and how this affected their mental health. The researchers chose this district because of the high referral rates for psychosocial support from school psychological services.

Method

The study used a COVID-19 questionnaire that was designed at the university in which the authors are based. Since there was no other questionnaire available at the time of the study much reliance was placed on the contributions of the South African Depression and Anxiety Group (SADAG). The questionnaire focused on finding out if the participants had previously been diagnosed with a mental health condition, whether the participants were affected by the national lockdown. Additionally, identifying the activities that made them feel better during lockdown, and whether they needed assistance from the school, parents, peers, and the community at large. The questionnaire was completed by 1559 children and youth aged 10-17 years, 914 females, 645 males; median age 13 from 24 schools, 14 primary, 3 combined and 7 secondaries registered in Ehlanzeni district schools were analysed through SPSS 27.0.

Results

Results of the difficulties which were faced by participants during lockdown which were likely to affect their mental well-being are fear 44. 8%, stress 24. 2%, anxiety and panic 23. 9%, difficult family relationships 17. 3%, financial stress 12. 1 %, depression 11. 9%, difficult romantic relationships 8. 6%, suicide feelings 5. 1%, gender-based violence 4. 0% and substance abuse which is 2. 2 %.

Conclusion

The participants faced difficulties during the COVID-19 lockdown which is likely to affect their mental health. Hence, there is a need for mental health support for children and youth to deal with crisis situations.

Keywords: Children; COVID-19; Difficulties; Mental health; Youth;

Introduction

The COVID-19 pandemic outbreak resulted in the death of 6 402 672 deaths by July 2022, bringing the number of infected patients to 24 021 995, with 45 022 in critical condition and 23 976 973 with mild symptoms worldwide, and these figures continue to rise (worldometers, A. Alimetov, 2022). The COVID-19 pandemic has affected the world in a variety of ways, one of them being the mental health of both

young and old due to stress, anxiety, and other psychological effects experienced during the lockdown. A higher perceived risk of COVID-19 infection is associated with greater depressive symptoms during the first six weeks (Kim et al., 2022) in the South African context. High rates of severe mental illness and low availability of mental health care services were the outcomes of the research conducted in South Africa during the COVID-19 pandemic (Kim et al., 2022). This highlights the need for immediate interventions, especially for children and youth who, by virtue of their age and social standing, are vulnerable. The current article finds it essential to report on how COVID-19 has affected the psychological wellbeing of both children and youth in order to initiate intervention strategies to curb mental health challenges experienced due to the COVID-19 pandemic, and also to acquire resilience skills to deal with future crisis.

According to Guessoum et al. (2020), the study which was conducted to ascertain the impact of the COVID-19 pandemic on youth psychiatric disorders during the lockdown found that the COVID-19 pandemic may have multiple consequences on the lives of youth. These include chronic to acute stress, worry for their families, unexpected bereavements, sudden break in schooling, and home confinement with increased time and access to the internet and social media (Guessoum et al., 2020). Adolescents spend much of their time on social media, which increased adolescent anxiety and depression (Ellis et al., 2020). Moreover, while emotional reactivity is increased, emotional regulation decreases (Duffy et al., 2018). This suggests that children and adolescents who experienced adversity before the pandemic were at higher risk of developing anxiety and adopting dysfunctional strategies to manage the challenges associated with COVID-19. Their social life was often disrupted by individuals staying at home, and individuals not seeing each other's facial expressions (Guessoum et al., 2020). They were worried about their economic future and that of their families. It is crucial to indicate that girls were more vulnerable than boys with high levels of symptoms of PTSD, depression, and anxiety. In children and youth, periods of lockdown were associated with decreased physical activity, more screen time, irregular sleep patterns, and less appropriate diets (Wang et al., 2020). Worries about work and schoolwork, the health of relatives and friends, sudden separation from friends, and school disruptions triggered insecurity. The unexpected disruption of the social values and norms affected the behavioural and mental health of the public, including children (Shah et al., 2020). The outbreak as such has caused tremendous stress levels among children and youth, primarily due to the closure of schools. This abrupt closure was followed by elevated signs of panic attacks, depression, anxiety, mood disorders, and mental illness (Mallik, & Radwan, 2021), which also affected their sleeping patterns. Different research projects have been conducted regarding the effects of COVID-19 in children and youth and reports were drafted to this effect. These reports have summarized challenges experienced by youth and children during the pandemic.

The global and regional reports highlighted a number of risks related to the mental well-being of the young people during the COVID-19 pandemic era. The ILO Global Youth Report documented a widespread disruption to education, employment and psychological well-being among youth aged 18-29 during the pandemic (International Labour Organization (ILO, 2020). The National Youth Council of Ireland (NYCI) indicated that "at risk" youth became disconnected from youth services due to lockdowns and digital barriers, resulting in marginalizing young people whose mental health were affected (National Youth Council of Ireland (NYCI), 2021). However, in South African context, UNICEF highlighted how the pandemic has intensified socio-economic challenges for youth, which among others are disrupted education, increased unemployment risk, worsened mental health challenges which disrupted smooth transition from school to work (UNICEF South Africa (2024). The above reports highlighted the following as the main themes, *first,* learning loss due to prolonged school closure. *Secondly*, disruptions of smooth transitions to the labour force. *Thirdly,* mental health decline and reduced social support with many experiencing high levels of anxiety and isolation. *Finally*, growth inequalities due to digital exclusion, limited services and escalating household stress. The findings of these reports attested to some of the challenges reported by other researchers in the current article.

Schools were closed worldwide due to the COVID-19 pandemic outbreak, yet school routines are regarded as an important coping mechanism for young people with mental illness (Lee, 2020). COVID-19 could have put a lot of children and youth at a high level of stress that might lead to anxiety and mental health challenges. Although children and youth were not affected by morbidity and mortality, a greater challenge for this population was to deal with lockdown and quarantine measures that could have pushed children into crisis and destabilised families (Bruining et al., 2020). In the survey that was conducted on youth with mental health history in the United Kingdom, 83% of them agreed that the pandemic had worsened their mental health, while 26% felt that they are unable to access mental health support (Smile, 2020). Youth with ADHD may have experienced more difficulty adjusting to the lockdown regulations (Cortese et al., 2020), while those who suffered from autism spectrum disorder experienced disruptive care because of the pandemic, and it had a serious negative impact on them (Smile, 2020).

The restrictions put in place to contain the spread of the COVID-19 virus led to widespread social isolation, impacting mental health worldwide. These restrictions proved to be difficult for adolescents, who rely heavily on their peer connections for emotional support (Magson et al., 2021). Adolescents are defined by a marked increase in social sensitivity and the importance of peers (Somerville, 2013), although these peer relationships can be a major source of conflict, rejection, and stress related to interpersonal issues. These increases in interpersonal stress together with emotional reactivity and low emotional regulation can place the adolescent at a greater risk of developing many common

forms of psychopathology, including generalised anxiety, eating disorders, depression, and social anxiety (Rapee et al., 2019). Adolescents in intermediate and senior phases were regarded as risk factors for their parents, who were themselves prone to anxiety disorders during the pandemic (Wu et al., 2020). This was because of the difficulty parents experienced dealing with their own needs during the lockdown. COVID-19 is a stressor that originated outside the family system, however, given the uncertainty and the novelty of the disease, it is associated with increased parental stress which might result in harsh parenting (Chung et al., 2020). Given the already mental challenges which accompany the COVID-19 pandemic, children from families with more risk factors were likely to be more vulnerable to child maltreatment (Brown et al., 2020). Parents with elevated stress and anxiety were likely to be less responsive to their children's needs, which might be a strong predator of child abuse (McPherson et al., 2009).

Family confinement may be a trigger to interfamilial violence during the COVID-19 pandemic. Domestic violence became the order of the day, with children and women at increased risk of abuse and neglect when violence prevails in their homes (Campbell, 2020). This was aggravated by the loss of income which, in turn, resulted in marital conflicts (Schneider et al., 2016). Harsh lockdowns and fear of infections increased anxiety in youth. Youth with mental problems found it difficult to cope with lockdown regulations (Fegert & Schulze, 2020). The loss of immediate families and lockdown restrictions which prevented hospital visits and, at times, restricted attendance at send-offs of loved ones were traumatic to adolescents (Campbell, 2020). According to the preliminary findings of a study in the United States, there was a potential link between several COVID-19-related experiences, such as fear of physical harm and the effect of social distancing (Ammerman et al., 2020). Although there was a projection of increased suicidality in Canada due to the associated stressors of COVID-19, the concerns were not for youth as such (McIntyre & Lee, 2020).

The community risks associated with the pandemic included the disruption of basic services, including kindergarten, school, and medical care. Some hospital facilities were unable to admit other patients due to fear of further infections. Social relations with families were restricted or prohibited completely. The lockdown resulted in the loss of educational time and there was stigma associated with infections for some parents and children (Fegert et al., 2020). Some children and adolescents in quarantine suffered mental health problems which included depression, low mood, irritability, insomnia, anger, and emotional exhaustion (Brooks et al., 2020). Migrant youth and children suffered worse in terms of psychological distress, because of the lack of medical and psychiatric specialists which might have added mental health risks associated with COVID-19. These risks escalated because of the already existing disadvantages of being marginalized as refugees (Baarnhielm et al., 2017). Additionally, the exhaustive health facilities impacted negatively on those who were on treatment, which might have a long-time effect on the mental health of both children and youth. According to Stark et al. (2020), supporting the children's positive adaptation in the context of the pandemic required immediate and planned alignment of mental health practices and policies that support children, their caregivers, and schools.

Additionally, structural and socioeconomic barriers deterred access to mental health services during lockdown and it was escalated by existing structural and economic inequalities. Children and young people from the low-income households were disproportionately affected by limited access to digital devices, data, and poor connectivity, disadvantaging them from accessing online counselling or tele-mental health services (World Health Organization (WHO, 2020). Geographic disparities has affected rural and semi-rural areas in terms of available health professionals to address mental health challenges when the need arises. The stigma and cultural norms deterred children and youth to seek help due to limited mental health literacy.

Besides the challenges experienced during the COVID-19 pandemic, schools, families and communities somehow responded in order to support children and youth affected by mental health challenges. Some schools shifted to remote learning while introducing psychosocial support, teacher-led mentoring and referrals to counselling and psychosocial support where possible. Families on the other hand became first line of support to affected children and youth, although the support varied depending on caregiving burden, economic stability, family structures and household stress (Economic Co-operation and Development (OECD, 2021). Faith-based and community organizations offered peer support groups, mental health awareness campaigns, food relief to the needy households, helping the needy young people to access services. Although these supports were uneven in terms of coverage and sustainability, the assistance highlighted the importance of trusted community-based structures in addressing mental health impacts of uncertainty and prolonged isolation.

It is also crucial to ensure the improvement of long-term access to mental health services. Before the pandemic or natural disaster response, psychological first aid should be initiated to ensure that clients understand the real situation they are facing (McCabe et al., 2014).

Finally, one of the challenges with the pandemic was to deal with the sequel which might have long-term effects on the mental health of children, youth, and families.

Methods

The sample was derived from Ehlanzeni education district of Mpumalanga province in South Africa. The schools were generally from rural areas although few schools from the metropolitan area were part of the sample. The Ehlanzeni District consists of 2 municipalities (Inkomazi and Mbombela) with a total of 357 schools. Schools within the municipalities were stratified according to high and primary. Of the 207 high

schools, every 20th school was systematically sampled, and 10 schools were included in the study. Out of the 150 primary schools, every 15th school was systematically sampled, and 10 schools were included in the study. An additional 4 schools were sampled to limit missing data, bringing the total to 24 participating schools. Participants from each primary school were stratified further into categories of age (10-13 years), sex, gender, race, and socio-economic status, , and 50 participants were randomly selected to participate in the research (n = 500). The group of participants from each high school was also stratified further into categories of age (14- 17 years), sex, gender, race, and socio-economic status, and then 100 participants were randomly selected to participate in the research (n = 1000). An additional 59 participants from the added schools took part, which made the total sample size n = 1559. The p-value determined statistical significance and multivariate analyses were used to determine significant differences in gender, age, race, and mental health disorders in children and youth. Participants completed a self-reporting questionnaire on COVID- 19 which was analysed using SPSS version 27.0. The following statistical procedures were performed on the COVID-19 questionnaire: (a) The Pearson chi-square test; (b) Cramers' V; (c) Bayesian statistics, with Bayes factor computed; (d) standardised residuals; and (e) the odds ratio. The z-test was performed to analyse the significance of sample and population prevalence estimates. The p-value was calculated to determine statistical significance. Multivariate analyses were used to determine the significance of age, socio-economic status, sex, and race on mental health. All ethical protocols were strictly adhered to. Information about the study was also communicated to learners through the management of the different institutions, those in the metropolitan areas were informed online, and parents and guardians could call the researcher if they wanted clarity before they gave consent for their children to participate. The other participants were given consent forms to be completed by parents and schools advised the number of participants so that the researcher knew beforehand how many participants were going to take part. The researcher held a debriefing before the actual data collection to ensure that participants understood all the processes and their participation. Children and youth who were 10 to 11 were asked to give their assent before commencing this research while written consent was sought from the 12- to 17-year-olds parents or guardians. All ethical protocols were rigorously followed with the university in which the authors are based as well as the relevant education department.

COVID-19 Questionnaire

The COVID-19 questionnaire consisted of questions that required children and youth to indicate how the pandemic affected them during the 2020 academic year. This included finding out if the participants had previously been diagnosed with a mental health condition. Other questions asked whether the participants were affected by the national lockdown, and whether they needed assistance from the school, parents, peers, and the community at large. It also ascertained if they had received any form of support during the national lockdown. The participants self-completed the questionnaires at their respective institutions at their convenient time as per site. The completed tests were then collected by the researchers and captured for analysis through SPSS. It is imperative to indicate that the data used in the article is from the primary source i.e. COVID-19 questionnaire only, and there are no secondary data sources.

Results

The following results capture how the participants responded regarding certain aspects associated with COVID 19 *first,* checking whether participants were previously diagnosed with mental health condition and/or physical illness. *Second,* identifying if the participants had some form of the difficulties experienced during lockdown. *Finally*, activities performed, and support they would have liked to receive from the school during the lockdown period. **Table 1** indicate the biographical information of the participants.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	645	41.4	41.4	41.4
	Female	914	58.6	58.6	100.0
	Total	1559	100.0	100.0	

Table 1: Frequencies of the Gender Groups in the Sample

The sample comprises of both female and male participants who were selected from 24 primary, combined and secondary schools. Generally, they were coming from predominantly low-income households with fewer parents employed. About quarter were coming from dysfunctional families, for example divorced, single-parent, extended and orphanage. Majority were living in townships, villages and informal settlements. Literature shows that children and youth who are coming from dysfunctional families are likely to face psychological difficulties and fewer positive social relations (Wang, et al, 2020).

Firstly, our results captured if participants were previously diagnosed with mental health condition or physical illness prior lockdown. Most respondents answered the question negatively (91.9%). Only 8.1% said yes. Of the 126 who answered yes, 35.7% were males and 64.3% were females. Females have affirmed more than males that they had previously been diagnosed with a mental health condition. **Table 2** indicated mental health conditions which participants were previously diagnosed with.

	Frequency	Percent
ADHD	52	3.3
Bipolar	28	1.8
Depression	38	2.4
Generalized anxiety	32	2.1
Personality disorder	21	1.3
Schizophrenia	7	0.4
Total (Diagnosed)	180	11.2

Table 2: Frequencies of Specific Mental Health Conditions Diagnosed With

The largest specific mental health condition was ADHD (3.3%) followed by depression (2.4%) and generalised anxiety (2.1%). Regarding ADHD both gender groups equally affirmed to have been diagnosed with ADHD prior lockdown, and they were affected with the lockdown regulations. This concurs with the study by (Neece et al, 2020) which indicated that during COVID-19 lockdown the symptoms of ADHD worsened as compared to the normal state operations. Nonweiler et al (2020) also affirmed that higher prevalence of emotional and conduct problems was observed among children and adolescents with ADHD. Surprisingly, contrasting results were reported by (Bobo et al, 2020) indicating in France most children and adolescents with ADHD experienced stability and their anxiety lowered due to less school related stress, lower pressure from negative feedback, additionally, parents were able to have ample time to observe their children's difficulties. The results of this study showed that children with ADHD were mostly affected with the lockdown and found the period very exhausting for them. While depression was lower at 2, 4% majority of those diagnosed suffered a lot during lockdown. According to (Luijten et al., 2021) anxiety and depression escalated in children and adolescents with evident signs of severe anxiety and severe sleep-related impairments during COVID-19 lockdown. These results showed the need for support for children and youth with comorbidities or underlying conditions. COVID-19 has since passed but its effects are seen even to this day. Counter strategies to protect and support children and youth with conditions might be crucial in future when disasters are experienced in order to promote resilience.

In examining the physical health of the participants, it was found that few participants suffered from some kind of physical condition. The results indicated that asthma had the largest reported physical health problem with 3.50%, where by both males and females acknowledged having the condition. Although asthma seems to be a health threatening condition, it was not regarded to be a risk factor during COVID-19, as such it has not affected hospitalizations, intensive care units (ICU) admissions and mortality (Khojasteh-Kaffash, 2023). Even though asthma did not affect the health system as such, care should be taken to protect children and youth so as to minimize attacks related to COVID-19 viral infections.

Second on the list were eating disorders. The under 13 years old reported to display higher signs of eating disorders than the 14-year-old group, more females attested to have been diagnosed than males. This is supported by (Murray, 2019) who said that eating disorders were the third most common chronic illness among adolescents after asthma and obesity, with the peak onset occurring between 14 and 19 years. In the sample that was examined by Pinhas et al. (2011), the most common ages where eating disorders were identified was between 10 and 20 years but, surprisingly, eating disorders were evident in children as young as 5 in this sample. This is affirmed by Convertino and Blashill (2022), who said that eating disorders could occur in younger children between 9 and 10 years, especially if those children had comorbidities. Of the 49 respondents who said they had been diagnosed with an eating disorder, 73.5% were under 13 years of age and were mostly still in primary school. It appeared that eating disorders were already present in participants at an early age and in this sample.

Based on the first set of results above the researchers can safely say COVID-19 affected children and youth alike in this population. It is thus an eye opener to say interventions targeted to children and youth in future should include children with intellectual and physical comorbidities to prevent them to be plunge to psychopathology during outbreaks. The programs should be including families of children, their schools and the structures within the communities where these kids are staying which is called cooperative model of psychological services according to (Zhou, 2020). Among others accessing the level of disorders, or illness might assist in addressing the challenges successfully, meaning interventions must be evidenced-based and specific to a particular individual. The current results might serve as baseline for interventions for children and youth affected by COVID-19 and other disasters in future especially in rural backgrounds.

Secondly, the findings show the difficulties experienced by the participants during the COVID-19 lockdown period. **Table 2** reveals that fear attracted the highest response rate (44.8%) followed by stress (24.2%), anxiety, and panic (23.9%). Fear, anxiety, panic, and stress are often closely associated and frequently go together. For example, out of the 1559 participants, there were 699 respondents who experienced fear during the lockdown, Fear is one of six universal emotions, and it seems plausible that participants, considering the difficulties experienced, should rank it highly.

COVID-19 and its variants caused fear worldwide and have been associated, as of June 2021, with about 3.5 million deaths. As such, all the other difficulties listed, such as financial stress, depression, difficult family and romantic relationships, feelings of suicide, and gender-based violence, were likely to be associated with it. Increased fear due to the impact of COVID-19 was likely to influence stress, anxiety and panic, depression, and virtually all the difficulties presented. However, the frequency of feelings of suicide (5.1%) seemed alarmingly high in this sample. **Table 3** illustrates the difficulties experienced by participants during COVID-19 lockdown.

Descriptive statistics of difficulties experienced during lockdown period

No.	Difficulty	Frequency	Percentage (Yes)	Rank
5	Fear	699	44.8	1
9	Stress	377	24.2	2
1	Anxiety and panic	373	23.9	3
3	Difficult family relationships	270	17.3	4
6	Financial stress and pressure	189	12.1	5
2	Depression	186	11.9	6
4	Difficult romantic relationships	134	8.6	7
8	Suicide feelings	80	5.1	8
10	Gender-based violence	63	4.0	9
7	Substance abuse (alcohol and drugs)	34	2.2	10

Table 3: Summary of difficulties experienced during lockdown period

The results identify that fear, stress, anxiety panic were leading difficulties experienced by participants in the current sample. It is not surprising because COVID-19 pandemic has post threat to global mental health. For children and youth in particular, fear of infection, home confinement, suspension of school routines as well as global recessions were tormenting them on daily basis (Samji et al, 2022). The first three difficulties on the list are the ones which prone the participants to mental health challenges. These difficulties are evident even when you see how the participants really needed support in the discussion below.

It was not surprising that girls in this sample were more affected than boys, as they were reported to have fewer physical activities than their counterparts. This is supported by (Samji et al, 2022) that older adolescents and girls living with chronic physical conditions were more likely to experience negative mental outcomes. This sample lacked physical exercises in a form of extra-curricular, positive family relationships and social capital in general which are associated with better mental health outcomes. Additional fear was caused by many people losing their lives to COVID-19. The results in **table 4** below indicate the severity of the difficulties with regards to gender, one will wonder why female participants were more affected than their counterparts. According to (Halldorsdottir et al, 2021) girls reported to have negative behavioural change than boys, this was associated with lower usage of social media, and they also cited inability to connect facially with friends affected them a lot.

No	Difficulty (1.1-1.10) experienced during lockdown	Tests conducted				Support for the alternative hypothesis
		Chi-square ($p<0.05$)	Cramer's V ($p<0.05$)	Bayes factor (1/BF)>1.00	Odds of yes to no ratio (M: F) or (F: M)≥ 1.1	
1.1	Anxiety and panic	No (p=0.11)	No (p=0.11)	No (0.29)	Yes (F: M-(1.22)	No (Only OR F>M)
1.2	Depression	No (p=0.920)	No (p=0.920)	No (0.09)	Yes (M: F=1.20)	Yes (Only OR M>F)
1.3	Difficult family relationships	No (p=0.86)	No (p=0.86)	No (0.07)	Yes (F: M=1.29)	No (Only OR F: M)
1.4	Difficult romantic relationships	Yes (p=0.03)	Yes (p=0.03)	No (0.49)	Yes (M: F=1.50)	Yes (M>F)
1.5	Fear	Yes (p=0.009)	Yes (p=0.009)	Yes (2.787)	Yes (F: M=1.30)	Yes (F>M)
1.6	Financial stress and pressure	No (p=0.851)	No (p=0.851)	No (0.06)	NO (F: M=1.03)	No

1.7	Substance abuse (alcohol and drugs)	No (p=0.08)	No (p=0.08)	No (0.12)	Yes (M: F=1.71)	No (Only OR M>F)
1.8	Suicide feelings	No (p=0.47)	No (p=0.47)	No (0.05)	Yes (F:M= 1.2)	No (Only OR F>M)
1.9	Stress	No (p=0.902)	No (p=0.902)	No (0.08)	No (F: M=1.01)	No
1.10	Gender-based violence	No (p=0.987)	No (p=0.987)	No (0.04)	No (F: M=1.00)	No

Table 4: Summary of Associations between Gender and Difficulties Experienced During Lockdown

Additionally, there were more girls who felt suicidal than boys, where common challenges were depression, loneliness, psychological distress, online schooling has escalated the pressure in children and youth (Manzar, et al, 2020)) followed by Tik Tok addiction related stress. It is evident that these results might assist in planning for public measures to prevent suicide related disorders in young people globally. Multidisciplinary psychological intervention needs to be initiated to deal with difficulties experienced by children and youth during COVID-19 lockdown. According to (Zhou, 2020) psychological response should not only be directed to children and adolescents, but for their school and family systems, which include teachers' distress, teacher-student relationship and peer relationships as well as parent distress, parent-child relationships and mental relationships within the families, that way a clear route to recovery after disaster can be achieved.

With regards to activities which participants needed to make them feel better, the participants identified watching a movie or TV show (not the news) was the most popular activity, followed by exercise, sleep, keeping up to date with the latest news (online or TV), staying away from problematic people, and doing housework. The summary of the activities which participants needed to make them feel better are illustrated in **table 5**.

No.	Activity	Frequency	Percentage	Rank
5.2	Watched movie or TV (Not the news)	740	47.5	1
5.1	Exercise	636	40.8	2
5.4	Sleep	546	35.0	3
5.3	Up to date with the latest news (online or on TV)	501	32.1	4
5.9	Staying away from problematic people	433	27.8	5
5.7	Doing housework	427	27.4	6
5.8	Sharing a meal with family members	411	26.4	7
5.6	Fear –Chatted to someone	138	8.9	8
5.6	Writing in my journal (online)	134	8.6	9

Table 5: Summary of Activities to Feel Better During Lockdown

The girls were more likely to watch TV, write in their journals, while boys indicated they were more likely to use exercise as an activity than females. The researchers have found that majority of the participants relied on TV as part of daily activities, it was not surprising that the difficulties they faced included depression as very few participants were engaged in conversation as stipulated above. The TV was used as both entertainment and as substitute for normal daily activities. Studies argued that TV viewing can affect the proper development of individuals. In the study conducted on TV viewing versus other activities if was found that TV viewing is attractive, available and perpetually demanding while is less cognitively complex, requiring less physical and social activity (Huston et al, 1999). This implies that there was less activity during lockdown, hence we see the results of mental challenges like depression, fear etc. above escalated. The results also indicate that only 8.9% regarded chatting with friends important, doing housework was also minimal, meaning there were few activities which were done. If you add up the percentage of TV watching and sleeping one will understand that there were very few activities in most households, hence majority of our participants showed signs of experiencing difficulties. School activities and extra-curricular are part of cognitive development of children, meaning just staying at home doing nothing might affect the proper functioning of individuals. This concurs with the study on participation to extra-curricular for adolescents indicated that there is positive relation between time spent on physical activity and cognitive ability (Pan et al, 2022) and emotional stability.

Finally, participants indicated the type of support they would have liked to receive in order to catch up on their schoolwork, pass their present grade, and feel safe during the lockdown. The results of the current study indicated that academic support (extra lessons and extra time at school, support from teachers) and parental support, and safety concerns, were important to the participants as they were ranked as the first five things' participants wanted. Health concerns (schools must be clean and safe and social distancing

must continue) featured as the sixth and seventh issues. The type of support participants needed in order to cope are illustrated in **table 6** below.

No.	Activity	Frequency	Percentage	Rank
G6.1	Extra lessons and tuitions	859	55.1	1
G6.10	Support from parents and family members	847	54.3	2
G6.3	Lessons on how to be clean and safe from Covid-19	832	53.4	3
G6.2	Extra school time (longer time at school)	789	50.6	4
G6.9	Support from teachers	770	49.4	5
G6.6	Schools must be clean and safe	750	48.1	6
G6.8	Social distancing must continue	739	47.4	7
G6.11	Support from school friends	707	45.3	8
G6.13	Food/School lunch	664	42.6	9
G6.12	Worksheets and assignments	630	40.4	10
G6.5	Psychological support (counselling) at school	515	33.0	11
G6.11	School transport must be clean and safe	482	31.6	12
G6.4	Lesser tests and exams	478	30.7	13

Table 6: Summary of Support Needed to Catch Up, pass my Grade and Feel Safe at School

In examining the top five on the table above, it is clear that really participants had difficulties even when it comes to their academic activities. Acknowledging the struggles gave the researchers light that the pandemic had traumatized participants. Among others fear of failure, their safety, and food provision indicate the need for strengthening support during crisis. The items identified by participants above can be used to form part of the interventions strategies to support for children and youth in future disasters. COVID-19 came as a surprised for everyone, meaning the results of the studies conducted post it might be very useful in designing intervention strategies that will include programs to be given to parents to work with their children at home in case of lockdown and other austerity measures.

Implications of Findings

Children and youth exposed to COVID-19 lockdown showed signs of emotional and social challenges, among others were fear, anxiety, depression, suicidal feelings which plunge them to mental health challenges. These emotional and social challenges are a cause for concern which requires intervention which will promote resilience towards them. Additionally, both children and youth alluded that they desperately needed support during lockdown. The difficulties of catching up with their school work and fear of failure aggravated the need for mental health support. Interventions in future should address the need to support the participants academically. The participants also complained about safety and health concerns, this was increasing a lot of fear, and anxiety and depression as there were a lot of people contracting the virus and news of death cases increased. The researchers suggest the need for safety measures in future and the need for employment of health care workers in order to provide the necessary information about the pandemic. Finally, participants also needed parental support, meaning the pandemic was devastating to everyone, so interventions that will also support families and communities might assist in reducing mental health challenges.

The results of this study indicated that there is a need to initiate intervention strategies to assist participants cope with mental health challenges. The interventions might include those that deals with fear, meaning information sharing might alleviate the burden children and youth experience with lack of knowledge about the pandemic. It can also include activities that will assist in physical activities, as this was very minimal during lockdown. Additionally, parents and caregivers should be equipped with the knowledge of identifying signs of these difficulties in children and youth. The results of this study should serve as baseline which might be used to initiate interventions that would be geared towards (i) exploring longitudinal study to further assess the level of mental health challenges as the participants grow older, (ii) the need to further evaluate the existing interventions against the mental health challenges emanated from COVID-19 lockdown, (iii) infuse the initiated interventions to the school curriculum, (iv) a need for research that could inform school communities on how to respond to signs and symptoms of mental health problems children and youth are portraying. Finally, the interventions should also regard gender as well as age as the current study identified that female participants were more affected than male participants, also the younger participants were likely to be more affected than the older ones. It was crucial that parents provide enough support for the children and youth and help them to process information about the pandemic so that anxiety and related disorders were minimised (Shah et al., 2020). It was also imperative that personnel and mental counsellors who could offer psychological first aid are recruited to minimize stress levels and prevent the establishment of new mental health challenges.

Conclusion

The limitations of the study are first, the sample was from one education district in Mpumalanga, South Africa. Secondly, the sample was predominately African black, with few whites, Indians and coloureds, meaning generalization to other races might be compromised. The study was conducted during the pandemic, the current results might have been influenced by it, meaning a follow-up study might confirm the difficulties experienced. The limitations of this research can be overweight by replicating the current study to cover more participants of all races in the district. Despite the limitations this study added valuable information on difficulties faced by children and youth during COVID-19 lockdown. The pandemic has highlighted the urgent need for children and youth mental health systems that are inclusive, preventative towards crisis. Future interventions should be geared towards integration of mental health service within schools and communities in order to facilitate early identification and support. Additionally, expanding digital and hybrid mental health services can improve mental health by providing digital literacy and connectivity. Policy responses should strengthen support and reduce barriers to marginalized children and youth. Finally, meaningful youth engagements in mental health policy design is key, and should be culturally appropriate especially to the marginalized communities. Whilst this study was done in one education district in South Africa the findings and implications for mental health support are likely to have global value because children and youth worldwide were affected by the pandemic.

References

1. Ammerman, B. A., Burke, T. A., Jacobucci, R., & Mc Clurke, K. (2020). Preliminary investigation of the association between COVID-19 and suicidal thoughts and behaviors in the U.S. *Journal of Psychiatry Research*, *134*, 32-38. https://doi.org/10.1016/j.jpsychires.2020.12.037
2. Baarnhielm, S., Laban, K., Schouler-Ocak, M., Rousseau, C., & Kirmayer, L. J. (2017). Mental health for refugees, asylum seekers and displaced persons: A call for humanitarian agenda. *Transcultural Psychiatry, 54*(5-6), 565-574. https://doi.org/10.1177/1363461517747095
3. Bobo, E., Lin , L., Acquaviva, E., Caci, H., Franc, H., Gamon, L., Picot, M.C., et al,. (2020). How do children with Attention Deficit Hyperactivity Disorder (ADHD) experience lockdown during the COVID-19 outbreak? L'cncephale, 46, S85-S92.
4. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet, 395*(10227), 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8
5. Brown, S. M., Doom, J. R., Lechunga-Pena, S., Watamura, S. E., & Koppels, T. (2020). Stress and parenting during the global COVID-19 pandemic. *Child Abuse and Neglect, 110*(Part 2), 104699. https://doi.org/10.1016/j.chiabu.2020.104699
6. Bruining, H., Bartels, M., Polderman, T. J., & Popma, A. (2020). COVID-19 and child and adolescent psychiatry: an unexpected blessing for part of our population? *European Child and Adolescent Psychiatry*, *30*(7), 1139-1140. https://doi.org/10.1007/s00787-020-01578-5
7. Campbell, A. M. (2020). An increasing risk of family violence during the COVID-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, *2*(100089). https://doi.org/10.1016/j.fsir.2020.100089
8. Chung, G., Lanier, P., & Wong, P. Y. J. (2020). Mediating effects of parental stress on harsh parenting and parent-child relationship during coronavirus (COVID-19) pandemic in Singapore. *Journal of Family Violence*, *37*, 801-812. https://doi.org/10.1007/s10896-020-00200-1
9. Convertino, A. D., & Blashill, A. J. (2022). Psychiatric comorbidity of eating disorders in children between the ages of 9 and 10. *Journal of Child Psychology and Psychiatry*, *63*(5), 519-526. https://doi.org/10.1111/jcpp.13484
10. Cortese, S., Asherson, P., Sonuga-Barke, E., Banaschewski, T, Brendeis, D., Beitelaar, J., Coghill, D., Daley, D., Danckaerts, M., Dittmann, R.W., Doepfner, M., Ferrin, M., Hollis, C., Holtmann, M., Konofal, E., Lecendreux, M., Santosh, P., Rotherberger, A., Soutullo … & Simonoff, E. (2020). ADHD management during COVID-19 pandemic: Guidance from European ADHD Guidelines Group. *The Lancet Child & Adolescent Health*, *4*(6), 412-414. https://doi.org/10.1016/S2352-4642(20)30110-3
11. Duffy, K. A., McLaughlin, K. A., & Green, P. A. (2018). Early life adversity and health-risk behaviors: Proposed psychological and neural mechanisms. *Annals of the New York Academy of Sciences*, *1428*(1), 151-169. https://doi.org/10.1111/nyas.13928
12. Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during initial COVID-19 crisis. *Canadian Journal of Behavioural Science*, *52*(3), 177-187. https://doi.org/10.1037/cbs0000215
13. Fegert, J. M., & Schulze, V. M. (2020). COVID-19 and its impact on child and adolescent psychiatry – a German and personal perspective. *Irish Journal of Psychological Medicine*, *37*(3), 243-245. https://doi.org/10.1017/ipm.2020.43
14. Fegert, J. M., Vitiello, B., Plener, P. L., & Clemens, V. (2020). Challenges and burden of the coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, *14*(1), 1-11. https://doi.org/10.1186/s13034-020-00329-3
15. Guessoum, S. B., Lachal, J., Radjack, R., Carretier, E., Minassian, S., Benoit, L., & Moro, M. R. (2020). Adolescent psychiatric disorders during the COVID-19

pandemic lockdown. *Psychiatry Research*, *291*, 113264. https://doi.org/10.1016/j.psychres.2020.113264

16. Halldorsdottir, T., Thorisdottir, I.E., Meyers, C.C., Asgeirsdottir, B.B., Kristjansson, A.L., Valdimarsdottir, H.B., …..& Sigfusdottir, I.D. (2021). Adolescent well-being and COVID-19 pandemic: Are girls struggling more than boys? *JCPP advances*, 1(2), e12027. https://doi.org/10.1002/jcv2.12027.
17. Huston, A.C., & Wright, J.C., Marquis, J., & Green, S.B. (1999). How young children spend their time: television and other activities. *Developmental Psychology*, 35(4), 912-925. https://doi.org/10.1037/0012-1649-35.4.912.
18. International Labour Organization. (2020). Youth & COVID-19: Impacts on jobs, education, rights and mental well-being. ILO. https://www.ilo.org
19. Khojasteh-Kaffash, S., Parhizkar Roudsari, P., Ghaffari Jolfayi, A., Samieefar, N., & Rezaei, N. (2023). Paediatric asthma exacerbation and COVID-19 pandemic: Impacts, challenges, and future considerations. Journal of Asthma, 1-11. https://doi.org/10.1080/02770903.2023.2251/062.
20. Kim, A. W., Nyengerai, T., & Mendenhall, E. (2022). Evaluating the mental health impacts of COVID-19 pandemic; Perceived risk of COVID-19 infection and childhood trauma predict adult depression symptoms in urban South Africa. *Psychological Medicine*, *52*(8), 1587-1599. https://doi.org/10.1017/S0033291720003414
21. Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet Child and Adolescent Health*, *4*(6), 421. https://doi.org/10.1016/S2352-4642(20)30109-7
22. Luijten, M.A., van Muilekom, M.M., Teela, L., Polderman, T.J., Terwee, C.B., ZSijlmans, J….& Haverman, L. (2021). The impact of lockdown during COVID-19 pandemic on mental and social health of children and adolescents. *Quality of Life Research*, 30 10, 2795-2804. https://doi.org/10.1007/S11136-021-02861.x.
23. Magson, N. R., Freeman, J. Y., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and protective factors for prospective changes in adolescent mental health during COVID-19 pandemic. *Journal of Youth and Adolescence*, *50*(1), 44-57. https://doi.org/10.1007/s10964-020-01332-9
24. Mallik, C. I., & Radwan, R. B. (2021). Impact of lockdown due to COVID-19 pandemic in changes of prevalence of predictive psychiatric disorders among children and adolescents in Bangladesh. *Asian Journal of Psychiatry*, 56, 102554. https://doi.org/10.1016/j.ajp.2021.102554
25. Manzar, M.D., Albougami, A., Usman, N., & Mamun, M.A. (2020). COVID-19 suicide among adolescents and youth during the lockdown: an exploratory study based on media reports. Doi:10.20944/preprints202008.0709.v1.
26. McCabe, O. L., Everly Jr, G. S., Brown, L. M., Wendelboe, A. M., Abd Hamid, N. H., Tallchief, V. L., & Links, J. M. (2014). Psychological first aid: A consensus-derived, empirically supported, competency-based training model. *American Journal of Public Health*, *104*(4), 621-628. https://doi.org/10.2105/AjPH.2013.301219
27. McIntyre, R. S., & Lee, Y. (2020). Projected increases in suicide in Canada as a consequence of COVID-19. *Psychiatry Research*, *290*(113104). https://doi.org/10.1016/j.psychres.2020.113104
28. McPherson, A. V., Lewis, K. M., Lynn, A. E., Haskett, M. E., & Behrend, T. S. (2009). Predictors of parenting stress for abusive and none abusive mothers. *Journal of Child and Family Studies*, *18*(1), 61-69. https://doi.org/10.1007/s10826-008-9207-0
29. Murray, S. B. (2019). Updates in the treatment of eating disorders in 2018: A year in review. *Eating Disorders: The Journal of Treatment & Prevention*, *27*(1), 6-17. https://doi.org/10.1080/10640266.2019.1567155
30. National Youth Council of Ireland. (2020). The impact of COVID-19 on youth work and young people in Ireland. NYCL. https://www.youth.ie
31. Neece, C., McIntyre, L.L., Fenning, R. (2020). Examining the impact of COVID-19 in ethnically diverse families with young children with intellectual and developmental disabilities, *J. Intellect. Disabil. Res,* 64, 739-749.
32. Nonweiler, J., Rattray, F., Baulcomb, J., Happe, F, Absoud, M. (2020). Prevalence and associated factors of emotional and behavioural difficulties during COVID-19 pandemic in children with neurodevelopmental disorders. *Children*, 7, 128.
33. OECD. (2021). Supporting young people's mental health through the COVID-19 crisis: Policy responses. OCDE Publishing. https://www.oecd.org
34. Pan, Y., Zhou, D., & Shek, D. T. L. (2022). Participation in after-school extracurricular activities and cognitive ability among early adolescents in China: Moderating effects on gender and family economic status. *Frontiers in Paediatrics,* 10, 839473. https://doi.org/10.3389/fped.2022.839473.
35. Pinhas, L., Morris, A., Crosby, R. D., & Katzman, D. K. (2011). Incidence and age-specific presentation of restrictive eating disorder in children: A Canadian Pediatric Surveillance Program study. *Archives of Pediatrics & Adolescent Medicine*, *165*(10), 895-899. https://doi.org/10.1001/archpediatrics.2011.145
36. Rapee, R. M., Oar, E. L., Johnco, C. J., Forbes, M. K., Fardouly, J., Magson N. R., & Richardson, C. E. (2019). Adolescent development and risk for the onset of social-emotional disorders: A review and conceptual model. *Behaviour research and therapy, 123,* (103501). https://doi.org/10.1016/j.brat.2019.103501
37. Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., …..Snell, G. (2022). Mental health impacts of the COVID-19 pandemic on children and youth- a systematic review. *Child and Adolescent Mental Health,* 27(2), 173-189. https:P//doi.org/10.1111/camh.12501.
38. Schneider, D., Harknett, K., & McLanahan, S. (2016). Intimate partner violence in the great recession. *Demography*, *53*, 471-505. https://doi.org/10.1007/s13524-016-0462-1
39. Shah, K., Mann, S., Singh, R., Bangar, R., & Kulkarni, R. (2020). Impact of COVID-19 on the mental health of children and adolescents. *Cureus, 12*(8), e10051. https://doi.org/10.7759/cureus.10051

40. Smile, S. C. (2020). Supporting children with autism spectrum disorder in the face of the COVID-19 pandemic. *Canadian Medical Association Journal*, *192*(21), E587-E587. https://doi.org/10.1503/cmaj.75399
41. Stark, A. M., White, A. E., Rotter, N. S. & Basu, A. (2020). Shifting from survival to supporting resilience in children and families in the COVID-19 pandemic: Lessons for informing U.S. mental health priorities. *Psychological Trauma: Theory, Research, Practice and Policy*, *12*(S1), S133. https://doi.org/10.1037/tra0000781
42. Somerville, L. H. (2013). The teenage brain: Sensitivity to social evaluation. *Current directions in Psychological Science,* *22*(2), 121-127. https://doi.org/10.1177/0963721413476512
43. UNICEF. (2021). The state of the world's children 2021: On my mind-Promoting, protecting and caring for the children's mental health. UNICEF. https://www.unicef.org
44. UNICEF South Africa. (2024). Situation analysis of children and adolescents in South Africa. UNICEF. https://www.unicef.org/southafrica
45. Wang, Y., Tian, L., Guo, L., & Huebner, E.S. (2020). Family dysfunction and adolescents' anxiety and depression: A multiple mediation model. *Journal of Applied Developmental Psychology*, 66, 101090. https://doi.org/10.1016/j.appdev.2019.101090.
46. Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the COVID-19 outbreak. *The Lancet*, *395*(10228), 945-947. https://doi.org/10.1016/S0140-6736(20)30547-X
47. World Health Organization. (2020). Mental health and psychosocial considerations during the COVID-19 outbreak. WHO. https://www.who.int
48. Worldometer. (n.d.). *Coronavirus updates*. Retrieved July 24, 2022, from https://www.worldometers.info/coronavirus/
49. Wu, M., Xu, W., Yoa, Y., Zhang, L., Gou, L., Fan, J., & Chen, J. (2020). Mental health status of student's parents during COVID-19 pandemic and its influence factors. *General Psychiatry*, *33*(4), e100250. https://doi.org/10.1136/gpsych-2020-100250
50. Zhou, X. (2020). Managing psychological distress in children and adolescents following the COVID-19 epidemic: A cooperative approach. *Psychological Trauma: Theory, Research, Practice and Pol icy,* 12, (S1): S76-S78. https://doi.org/10.1037/tra0000754.

Citation: *Nkhwashu L S, Pillay J (2026) Difficulties Experienced by South African Children and Youth During the Covid-19 Lockdown: A Need for Mental Health Support. Jr Neuro Psycho and Brain Res: JNPBR-246*