



CHILD AND ADOLESCENT MENTAL HEALTH IN THE CONTEXT OF THE COVID-19 PANDEMIC: ANALYSIS OF SECONDARY DATA

SAÚDE MENTAL INFANTOJUVENIL NO CONTEXTO PANDÊMICO DE COVID-19: ANÁLISE DE DADOS SECUNDÁRIOS
SALUD MENTAL INFANTOJUVENIL EN EL CONTEXTO PANDÉMICO DE COVID-19: ANÁLISIS DE DATOS SECUNDARIOS

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RESUMO

Objetivo: Descrever características relacionadas à saúde mental infantojuvenil no contexto pandêmico de covid-19. **Método:** Estudo transversal, exploratório-descritivo, com abordagem quantitativa, realizado em um Centro de Atenção Psicossocial Infantojuvenil no estado do Ceará, Brasil. A amostra de conveniência foi composta por 185 prontuários. Foram extraídas variáveis sociodemográficas e clínicas no período de agosto a outubro de 2023. A análise dos dados foi realizada por meio de estatística descritiva. **Resultados:** Foram analisados 185 prontuários. Observou-se predominância do sexo feminino (58,9%) e da faixa etária entre 12 e 17 anos (65,4%). Os diagnósticos mais frequentes foram transtornos de ansiedade (45,9%) e transtornos do humor (28,1%). Entre os principais sintomas que motivaram a busca por atendimento destacaram-se ansiedade generalizada (62,7%), ideação suicida (35,1%), isolamento social (31,9%) e agitação psicomotora (25,4%). Em crianças com transtorno do espectro autista, foram recorrentes relatos de desorganização sensorial e perda de habilidades previamente adquiridas. **Conclusão:** A pandemia de covid-19 intensificou a demanda por cuidados em saúde mental infantojuvenil, com predominância de transtornos de ansiedade e do humor. Os achados reforçam a necessidade de políticas públicas e estratégias clínicas voltadas à mitigação dos efeitos prolongados da crise sanitária nessa população vulnerável e ao fortalecimento da rede de atenção psicossocial.

Descritores: Adolescente; Centro de Atenção Psicossocial; Covid-19; Criança; Enfermagem; Saúde Mental.

ABSTRACT

Objective: To describe characteristics related to child and adolescent mental health in the context of the COVID-19 pandemic. **Method:** This was a cross-sectional, exploratory-descriptive study with a quantitative approach, conducted at a Child and Adolescent Psychosocial Care Center in the state of Ceará, Brazil. The convenience sample consisted of 185 medical records. Sociodemographic and clinical variables were extracted between August and October 2023. Data were analyzed using descriptive statistics. **Results:** A total of 185 medical records were analyzed. There was a predominance of female users (58.9%) and individuals aged 12–17 years (65.4%). The most frequent diagnoses were anxiety disorders (45.9%) and mood disorders (28.1%). The main symptoms that led to seeking care included generalized anxiety (62.7%), suicidal ideation (35.1%), social isolation (31.9%), and psychomotor agitation (25.4%). Among children with autism spectrum disorder, reports of sensory disorganization and loss of previously acquired skills were common. **Conclusion:** The COVID-19 pandemic intensified the demand for child and adolescent mental health care, with a predominance of anxiety and mood disorders. The findings highlight the need for public policies and clinical strategies aimed at mitigating the long-term effects of the health crisis in this vulnerable population and strengthening the psychosocial care network.

Descriptors: Adolescent; Psychosocial Care Center; COVID-19; Child; Nursing; Mental Health.

RESUMEN

Objetivo: Describir características relacionadas con la salud mental infantojuvenil en el contexto pandémico de COVID-19. **Método:** Estudio transversal, exploratorio-descritivo, con enfoque cuantitativo, realizado en un Centro de Atención Psicossocial Infantojuvenil en el estado de Ceará, Brasil. La muestra de conveniencia estuvo compuesta por 185 expedientes clínicos. Se extrajeron variables sociodemográficas y clínicas en el período de agosto a octubre de 2023. El análisis de los datos se realizó mediante estadística descriptiva. **Resultados:** Se analizaron 185 expedientes clínicos. Se observó predominio del sexo femenino (58,9%) y del grupo de edad entre 12 y 17 años (65,4%). Los diagnósticos más frecuentes fueron trastornos de ansiedad (45,9%) y trastornos del estado de ánimo (28,1%). Entre los principales síntomas que motivaron la búsqueda de atención destacaron la ansiedad generalizada (62,7%), la ideação suicida (35,1%), el aislamiento social (31,9%) y la agitación psicomotora (25,4%). En niños con trastorno del espectro autista, fueron recurrentes los reportes de desorganización sensorial y pérdida de habilidades previamente adquiridas. **Conclusión:** La pandemia de COVID-19 intensificó la demanda de atención en salud mental infantojuvenil, con predominio de trastornos de ansiedad y del estado de ánimo. Los hallazgos refuerzan la necesidad de políticas públicas y estrategias clínicas orientadas a mitigar los efectos prolongados de la crisis sanitaria en esta población vulnerable y a fortalecer la red de atención psicossocial.

Descritores: Adolescente; Centro de Atención Psicossocial; Covid-19; Niño; Enfermería; Salud Mental.

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What is already known:

- Social isolation disrupted peer interaction, an essential element in identity formation and emotional regulation during youth.
- The pandemic acted as a catalyst for existing vulnerabilities, disproportionately affecting children and adolescents in high-risk contexts.
- Abrupt changes in routine and experiences of grief tend to be processed differently by children and adolescents compared with adults.

What this study adds:

- Child and adolescent mental health in the post-pandemic period requires public policies focused on strengthening community bonds.
- There has been a marked increase in the demand for specialized care, with a predominance of anxiety and mood disorders and a high frequency of suicidal ideation.
- Screen time was not the only factor associated with anxiety and mood disorders, as exposure to hostile family environments also played a significant role in worsening psychological distress.

INTRODUCTION

The COVID-19 pandemic, triggered by the SARS-CoV-2 virus, represented an unprecedented global health crisis, with profound social, economic, and public health repercussions⁽¹⁾. Beyond the direct effects of the disease, control measures such as social distancing, school closures, and the interruption of daily activities significantly altered routines and the psychosocial development of vulnerable populations⁽²⁻³⁾.

In this context, children and adolescents emerged as a particularly vulnerable group to mental health impacts⁽⁴⁾. The abrupt disruption of peer interaction, the need to adapt to remote learning, exposure to family-related stressors, both financial and health-related, and the experience of grief due to the loss of loved ones created conditions conducive to the onset or worsening of mental disorders⁽⁵⁻⁶⁾. International studies have already reported a substantial increase in the prevalence of anxiety, depression, and post-traumatic stress symptoms in this population during the pandemic period⁽⁷⁻⁸⁾.

In Brazil, Child and Adolescent Psychosocial Care Centers (CAPSi for short, in Portuguese) are strategic components of the Psychosocial Care Network (RAPS for short, in Portuguese), providing care for children and adolescents with severe and persistent mental disorders⁽⁹⁾. The growing demand for these services during and after the pandemic suggests increased pressure on the system and highlights the need to understand the profile of new admissions in order to guide adjustments in care practices⁽¹⁰⁾.

Despite the relevance of this topic, Brazilian studies using service-based mental health data to characterize the pandemic's impact on the child and adolescent population remain limited. Most national publications are concentrated on narrative reviews or studies based on self-reported symptoms collected through online questionnaires.

Furthermore, the mismatch between the importance of the issue and the availability of secondary data in Brazil may be explained by the fragmentation of health information systems and the underreporting of diagnoses during the period of social isolation. The scarcity of studies examining care flows and demand patterns in CAPSi services limits a comprehensive understanding of the potential backlog of cases and the severity of conditions reaching the health system during and after the critical period.

Addressing this gap is essential to support the planning of actions and public policies aimed at mitigating the long-term effects of the pandemic on the Brazilian child and adolescent population. Therefore, this study aims to describe characteristics related to child and adolescent mental health in the context of the COVID-19 pandemic based on an analysis of the profile of users admitted to a CAPSi.

METHOD

Study design and setting

This was a cross-sectional, descriptive-exploratory study with a quantitative approach, based on the analysis of secondary data obtained from medical records. The study was conducted at the CAPSi in the city of Aquiraz, Ceará, Brazil, a public service dedicated to the care of children and adolescents with severe mental disorders and/or those using psychoactive substances.

This CAPSi provides care for children and adolescents experiencing intense psychological distress related to severe and persistent mental disorders, up to the age of 17 years, 11 months, and 29 days, as well as for users with psychological distress associated with the use and/or abuse of psychoactive substances, up to the age of 15 years, 11 months, and 29 days. The service operates Monday through Friday, from 8:00 a.m. to 5:00 p.m. Users may access care through spontaneous demand or by referral from primary health care services, other public sectors such as education, foster care institutions, or private clinics, always accompanied by family members or legal guardians.

The service is staffed by a multidisciplinary team composed of an occupational therapist, psychologist, nurse, social worker, nursing technician, physical therapist, and physician. These professionals provide a range of care activities, including individual and group sessions, as well as therapeutic workshops.

Population and sample

The study population consisted of all medical records of users treated at the CAPSi. The sample, non-probabilistic and based on convenience, included physical records that met the following inclusion criteria: documentation of first admission to the service and records dated between March 2020 and March 2023. Records with incomplete data that prevented the analysis of variables of interest were excluded.

Data collection and analysis

After approval by the Research Ethics Committee, the researchers were authorized by CAPSi management to begin data collection and were formally introduced to the service staff.

Data collection took place between August and October 2023 and was conducted in structured stages to ensure consistency and reliability. Initially, eligible records were identified and the variables to be extracted were systematically defined. The collection process then proceeded in two

main phases: an initial stage involving the identification and verification of available and eligible records, followed by a second stage focused on data extraction, with periodic supervision to ensure quality control.

A standardized form was used to extract the following variables from the medical records: sociodemographic data (age, sex, and municipality of residence) and clinical data (primary diagnosis according to the International Classification of Diseases, 10th Revision [ICD-10], symptoms reported at admission or reason for seeking care, and presence of comorbidities).

Data were entered into a spreadsheet using Microsoft Excel® and subsequently analyzed using IBM SPSS Statistics for Windows, version 25.0 (IBM Corp., Armonk, NY, USA). Descriptive statistical analysis was performed, including the calculation of absolute (n) and relative (%) frequencies.

Ethical considerations

This study derives from an undergraduate thesis submitted to Plataforma Brasil and approved by the Research Ethics Committee of the proposing institution (CAAE No. 73988623.3.0000.5193; Opinion No. 6,416,190). The study was conducted in accordance with Resolution No. 466/2012 of the Brazilian National Health Council and the Declaration of Helsinki.

RESULTS

After applying the eligibility criteria, 185 medical records were included in the analysis out of a total of 238, with 53 excluded due to inconclusive data. Sociodemographic characterization revealed a predominance of female users (n = 109; 58.9%) and individuals in the adolescent age group, between 12 and 17 years (n = 121; 65.4%).

Table 1 presents the distribution of the main diagnoses recorded according to the ICD-10. Anxiety disorders (F40–F48) were the most prevalent, accounting for 45.9% of cases, followed by mood (affective) disorders (F30–F39), which represented 28.1%.

Table 1 – Distribution of psychiatric diagnoses among children and adolescents admitted to CAPSi. Aquiraz, CE, Brazil, 2023 (n = 185)

Diagnosis (ICD-10)	n	%
Anxiety disorders (F40–F48)	85	45.9
Mood (affective) disorders (F30–F39)	52	28.1
ADHD (F90)	21	11.4
ASD (F84)	15	8.1
Other disorders (behavioral, psychotic, etc.)	12	6.5
Total	185	100.0

ADHD: attention-deficit/hyperactivity disorder; ASD: autism spectrum disorder; CAPSi: Child and Adolescent Psychosocial Care Center.

Source: prepared by the authors, 2023.

The main symptoms and reasons for seeking care are presented in Table 2. Anxiety-related symptoms, such as nervousness and excessive worry, were reported in 62.7% of admissions. A notably high frequency of suicidal ideation (35.1%) and complaints related to social isolation (31.9%) was also observed.

Table 2 – Frequency of main symptoms reported at admission. Aquiraz, CE, Brazil, 2023 (n = 185)

Symptom/reason for seeking care	n	%
Anxiety/nervousness	116	62.7
Suicidal ideation/self-harm	65	35.1
Social isolation/profound sadness	59	31.9
Psychomotor agitation/irritability	47	25.4
Sleep disturbances (insomnia/hypersomnia)	41	22.2
Grief	28	15.1
Substance abuse	14	7.6

Note: Categories are not mutually exclusive; a single patient may have reported multiple symptoms.

Source: prepared by the authors, 2023.

In the medical records of children with specific conditions, such as autism spectrum disorder (ASD) and Down syndrome, entries frequently indicated that the abrupt disruption of routine caused by social distancing resulted in sensory and psychological disorganization as well as loss of previously acquired motor and social skills. These findings are presented in Table 3.

Table 3 – Cross-tabulation of specific diagnoses and reported pandemic-related impacts. Aquiraz, CE, Brazil, 2023 (n = 52)

Diagnoses	Sensory and psychological disorganization n	Loss of motor and social skills	Total records per group
ASD	26	16	42
Down syndrome	5	5	10
Subtotal (specific needs)	31	21	52
Other diagnoses/no record	—	—	133
Overall total	31	21	185

Note: The reported values (n = 31 and n = 21) refer exclusively to the group with specific needs, as described in the analyzed medical records.

ASD: autism spectrum disorder.

Source: prepared by the authors, 2023.

DISCUSSION

The results of this study support the hypothesis that the COVID-19 pandemic significantly affected the mental health of children and adolescents, altering the profile of demand for specialized services such as CAPSi. The predominance of female users (58.9%) and adolescents aged 12–17 years (65.4%) treated at the CAPSi in Aquiraz, Ceará, reflects an epidemiological shift observed globally, although with characteristics shaped by the Brazilian context.

RAPS faced the challenge of accommodating a “new clientele” that emerged during the pandemic: adolescents who, deprived of the school environment as their main setting for socialization and protection, began to manifest internalized psychological distress more intensely⁽¹¹⁾. This finding in Aquiraz aligns with technical reports from the Oswaldo Cruz Foundation, indicating that while neurodevelopmental disorders, more common in younger children and males, maintained their baseline demand, there was a marked increase in depressive and anxiety disorders among adolescent girls. This phenomenon may be associated with increased domestic violence and emotional overload within the

family environment during periods of confinement⁽¹²⁾.

The concentration of demand among individuals aged 12–17 years in this municipality is also consistent with international studies conducted in low- and middle-income countries, where access to digital infrastructure and remote therapies was uneven. The fragility of informal support networks during social isolation transformed the CAPSi in Aquiraz into an essential point of care for crises that, in pre-pandemic contexts, might have been managed within primary care or school settings. Thus, these local findings represent more than isolated observations; they reinforce the need to reformulate active outreach and reception strategies within municipal care networks, with particular attention to gender-related factors and the specific vulnerability of adolescent girls in the post-pandemic period⁽¹³⁾.

The predominance of anxiety and mood disorders in the sample (Table 1) is consistent with findings from international systematic reviews and longitudinal studies, which identify these conditions as the main psychiatric consequences of the pandemic among young people⁽⁶⁻¹⁴⁾. This high prevalence can be interpreted in light of the concept of toxic stress, widely discussed in Brazilian studies conducted during the health crisis⁽¹⁵⁾. The prolonged interruption of in-person schooling represented not only a loss in educational continuity but also the deprivation of a key environment for social mediation and protection.

For the adolescents treated at CAPSi, school played a central role in structuring daily routines. Its absence, combined with fear of infection and family economic uncertainty, contributed to a climate of emotional hypervigilance, favoring the intensification of anxiety symptoms and depressive episodes. In this sense, national literature indicates that in municipalities with demographic characteristics similar to Aquiraz, where community support networks play a central role, social isolation contributed to a process of “social disaffiliation.” Therefore, the psychological vulnerability observed in the sample cannot be understood solely from a biological perspective, but also as a consequence of weakened relational support systems⁽¹⁶⁾.

In the pandemic context, the mood-related symptoms recorded in the medical records (Table 1) also reflect processes of grief that were not always associated with physical loss, but with the symbolic loss of freedom, routine, and future prospects. This represents an expected response to a prolonged disaster, requiring public services to adopt approaches that go beyond pharmacological management alone⁽¹²⁾.

Social isolation, fear of infection, and family instability are chronic stressors known to function as triggers for anxiety and depressive disorders⁽¹⁷⁻¹⁸⁾. The high prevalence of suicidal ideation (35.1%) observed in this sample is particularly concerning and consistent with research indicating a worsening of self-destructive behaviors among adolescents during the pandemic⁽¹⁹⁾. This finding underscores the need for ongoing clinical vigilance and prioritization of suicide risk assessment within mental health services.

The interruption of in-person schooling also deprived children and adolescents of their primary space for socialization and the development of support networks, which may explain the high frequency of complaints related to social isolation and profound sadness (Table 2). Increased screen time, although serving as an alternative means of maintaining social contact, has been associated in several studies with poorer mental health outcomes, including depressive and

anxiety symptoms⁽²⁰⁾.

Findings related to the impact on children with specific conditions, such as ASD, further highlight the heightened vulnerability of this group. Cognitive rigidity and the need for structured routines are core characteristics of autism. The disruption imposed by the pandemic, as documented in the medical records, was associated with behavioral disorganization and regression of previously acquired skills, a phenomenon also reported by other authors⁽²¹⁻²²⁾.

This vulnerability can be better understood considering the multisectoral nature of the support required by these children. For this population, school and specialized therapies are not merely learning environments but fundamental pillars of sensory and social regulation. The abrupt transition to an exclusively home-based environment imposed significant adaptive strain, making it difficult to maintain previously stabilized behavioral patterns. The lack of environmental predictability acts as a trigger for increased disruptive behaviors and stereotypies, which helps explain the reports of behavioral disorganization found in the analyzed records⁽²³⁾.

Skill regression may also be interpreted in light of the interruption of early interventions. The development of motor, communicative, and autonomy-related skills in children with neurodevelopmental conditions depends on continuous and systematic stimulation. The forced pause in these activities during social isolation may have contributed to the loss of developmental milestones previously achieved.

Another relevant aspect concerns caregiver burden. Brazilian literature indicates that parental stress is an important predictor of symptom worsening in children with disabilities. In the analyzed records, references to family disruption suggest that the impacts of the pandemic extended beyond the patient, affecting the entire caregiving unit, which was deprived of both formal and informal support networks. These findings reinforce the importance of family-centered care strategies, recognizing that post-pandemic rehabilitation depends directly on the emotional and technical support provided to caregivers⁽²⁴⁾.

Regarding users with Down syndrome, reports of loss of motor and social skills (Table 3) are supported by literature addressing the effects of interrupted early stimulation and supportive therapies, such as physiotherapy and speech therapy. The suspension of these activities during the isolation period contributed to observable functional decline in clinical records. This group faced a unique combination of biological and social vulnerabilities, including increased susceptibility to severe COVID-19 complications due to congenital comorbidities and intensified communicative isolation resulting from the absence of school and rehabilitation centers⁽²⁵⁾.

The regression observed in the medical records therefore reflects impairment in essential processes underlying autonomy, such as neuroplasticity and social interaction, requiring services to adopt strategies focused on the “recovery of developmental milestones” in the post-pandemic context. These findings suggest that, although necessary, public health measures had disproportionate consequences for certain groups, requiring more tailored and responsive care strategies.

This study has limitations that should be considered. The cross-sectional design does not allow causal inferences, and the retrospective nature based on secondary data is subject to recording bias and underreporting. Additionally, the

convenience sample from a single service limits the generalizability of the findings. Nevertheless, the study provides a relevant portrait of the reality of an essential public service during a critical period.

Despite these limitations, the CAPSi in Aquiraz implemented clinical management strategies focused on maintaining therapeutic bonds and managing crises. Key actions included reorganizing patient intake flow, prioritizing in-person care for acute cases involving suicidal ideation, self-harm, and psychotic crises; renewing prescriptions and ensuring pharmacological management to maintain clinical stability and prevent treatment interruptions; and collaborative care with primary health services, particularly for the management of mild anxiety cases. Future research should consider longitudinal designs to follow the clinical trajectories of these young individuals and multicenter studies to provide a broader understanding of the Brazilian context, exploring risk and protective factors that shaped the mental health impacts of the pandemic on children and adolescents.

CONCLUSION

This study characterized the mental health profile of users treated at the CAPSi in Aquiraz, Ceará, highlighting significant changes in care demand resulting from the public health crisis. The COVID-19 pandemic acted as a powerful

psychosocial stressor, increasing vulnerability to mental disorders among children and adolescents.

Data obtained from this frontline service demonstrate a substantial increase in the demand for specialized care, with a predominance of anxiety and mood disorders, as well as a high frequency of suicidal ideation.

These findings reinforce the need to strengthen the RAPS, including training teams to address the complex and persistent demands that emerged during this period. They also underscore the importance of implementing mental health prevention and promotion programs within the school setting, with the aim of mitigating the long-term effects of the pandemic.

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CONFLICT OF INTERESTS

The authors declare that there are no conflicts of interest.

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