

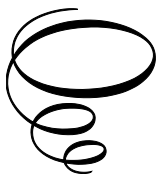
Intervention Models
within the Psychosocial
Dimension of Children
Affected by the COVID-19
Pandemic

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By

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INTRODUCTION

The COVID-19 pandemic, like other respiratory pandemics (SARS-CoV-1, H1N1), has had significant psychosocial impacts on children and adolescents. Social distancing measures, school closures, and general uncertainty have created a pressing need for adaptation and resilience. This volume examines the effects of the pandemic, coping mechanisms, and the development of an integrated intervention model for the psychosocial support of children and adolescents.

Chapters of the Volume

1. Psychosocial Intervention Model and Resilience Program for Children and Adolescents in the Three Phases of a Respiratory Pandemic

This chapter develops a psychosocial intervention and resilience model for children and adolescents during the three phases of a pandemic: pre-crisis, in-crisis, and post-crisis. The study provides recommendations for tailored interventions based on the pandemic phase.

2. Mental Health and Behavioral Difficulties of Children and Adolescents During the COVID-19 Pandemic Lockdown

This chapter focuses on the negative psychosocial effects of lockdown, including symptoms of anxiety, depression, post-traumatic stress, and behavioral disorders. It also examines the impact on children with special needs and social vulnerability.

3. Re-Entry to School During the COVID-19 Pandemic and Psychosocial Interventions

This chapter analyzes the challenges students face when returning to school after the pandemic and suggests psychological interventions to enhance resilience and adaptation.

4. COVID-19 Pandemic Report on Children, Adolescents, Education, and Interventions

A comprehensive assessment of the pandemic's impact on education is presented, along with suggested interventions to improve students' psychosocial well-being.

5. The Impact of the COVID-19 Pandemic on Adolescent Aggression in Greece: Students' Perspectives

This chapter explores the increase in adolescent aggressive behavior during the pandemic. Through theoretical and empirical research, it analyzes the factors contributing to aggression and proposes preventive and intervention strategies.

This volume aims to contribute to understanding the psychosocial effects of the pandemic on children and adolescents by providing scientifically grounded recommendations for interventions that can help manage its consequences and strengthen mental resilience.

CHAPTER 1

MODEL PSYCHOSOCIAL INTERVENTION AND RESILIENCE PROGRAM FOR CHILDREN AND ADOLESCENTS IN THE THREE PHASES OF A RESPIRATORY PANDEMIC¹

Abstract

Respiratory-type pandemics such as COVID-19/SARS-CoV-2, severe acute respiratory syndrome/SARS-CoV-1, and Influenza Type A, virus/H1N1, are distinguished by the special feature of the contagiousness of the disease that subsequently imposes social isolation measures and school closures. Therefore, the particular circumstances of respiratory-type pandemics give rise to acute needs for psychosocial adaptation and resilience of children and adolescents. The aim of this study is to establish a model of psychosocial and resilience interventions for children and adolescents to prevent and respond to respiratory-type pandemics. The Method focused on observation and correlation of pandemic-themed studies to design a distinct model of prevention for respiratory-type pandemics. The Results of the study highlighted particular needs in individual time periods Pre-Crisis, IN-Crisis and After-Crisis. The IN-Crisis intervention highlights three, individual subcategories of interventions for the period a) pandemic outbreak, b) closure & quarantine and c) opening. The content of the

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methodological approaches and intervention techniques were derived from a systematic review of relevant interventions.

Keywords: Adolescents, Children, model psychosocial intervention, resilience program, in all phases, respiratory-type pandemics

1. Introduction

Pandemics such as Covid-19/ SARS-CoV-2, severe acute respiratory syndrome/SARS-CoV- 1, type A influenza, H1N1 swine flu (Fang et al, 2012), and natural disasters, such as cyclones, typhoons, fires, cold (Ascencao, 2022), Wenchuan earthquake (Zhang et al., 2012) cause a crisis in the human psyche and it becomes necessary to implement psychosocial interventions to adapt and deal with stressful conditions. Many studies to date describe psychosocial interventions applied to children and adolescents in order to cope with natural disasters, earthquakes, fires, floods, tsunamis, hurricanes, and cyclones (Kurniasari et al., 2021).

The recent Pandemic of Coronavirus Disease 2019/COVID-19 was a major health crisis with multifaceted and adverse effects. Throughout the pandemic, from its outbreak to its cessation, the most vulnerable age groups, children and adolescents experienced adverse effects on mental health and behavior (Gkatsa, 2021a; Ravens et al., 2021). Pandemic conditions, fear, the threat of death and health measures of social isolation have been associated with their psychosocial burden. Relatedly, many studies confirm the effects of mental and emotional difficulties, difficulty concentrating, distress, discomfort, irritability and more serious psychosocial effects such as depression, anxiety, post-traumatic stress disorder, substance use, and suicide (Herringa, 2017; Jiao et al., 2020; Xie et al., 2020; Yıldırım, 2023). Accordingly, both deprivation of social contact and isolation caused equally severe behavioral difficulties. Children regress to younger behaviors, struggle to adapt, and exhibit anger, denial, physical symptoms, aggression, and reactive/defiant behavior (Brooks et al., 2020; Liu et al., 2020; Stavridou et al., 2020). Adolescents exhibit addictive behaviors in digital media, mass media, and risky addictive and substance use behaviors (Guessoum et al., 2020; Kar & Bastia, 2006; Loades, et al., 2020; Yıldırım, 2022).

The types of interventions for the pandemic, until now, are included in the broader category of interventions for natural disasters, based on the criterion of its causal origin from natural factors. However, the Covid-19 pandemic shares characteristics with respiratory-type pandemics that have occurred in

the past. The sudden outbreak and rapid spread of a respiratory-type pandemic primarily caused a psychological crisis in all people. Subsequently, the virus, attacking the respiratory system, rapidly transmits the disease and a series of psychosocial adverse effects follow with the onset of the disease, social isolation, and quarantine. This whole sequence of consequences is repeated as successive and consecutive waves of peak (Lockdown) and recession (Unlock) of the disease manifest from the onset until the definitive remission marked by the finding of the appropriate vaccine. The nature of the virus, in the respiratory-type pandemic and the corresponding conditions it causes, make it clear that psychosocial intervention in respiratory-type pandemics for children and adolescents is called upon to respond appropriately and to cover different needs in all phases of the pandemic.

The emergence of a distinct type of psychosocial intervention for respiratory-type pandemics can contribute manifold to the discussion and planning of political, strategic response to future respiratory pandemics. Into this model typology of psychosocial intervention can be incorporated all the recorded, cumulative knowledge from the respective interventions from the recent COVID-19 pandemic.

Therefore, this research can contribute to the development of a discussion regarding the design of a Prevention and Intervention Model against psychosocial burden and post-traumatic stress from the pandemic, respiratory type for children and adolescents. This article can cover an important gap, as there is very little experience in the implementation of integrated interventions in children and adolescents to prevent psychosocial difficulties, and promote mental health and resilience to the pandemic (Taylor, 2022), in particular for the case of the respiratory-type pandemic. The creation of an intervention model for respiratory-type pandemics is expected to contribute to the design of wider political preparation and preparedness in a future crisis pandemic, providing a model for the prevention and treatment of psychosocial difficulties for children and adolescents with a multi-level application (Douglas et al., 2009; Unicef, 2020).

2. Research review

2.1 Respiratory Pandemics, Adverse Effects and the Need to Strengthen Resilience and Psychosocial Health

A review of 2195 studies (Berger et al., 2021) investigated the effects of an infectious, respiratory-type pandemic of which only 11 involved children and adolescents. These eleven studies showed that the sudden outbreak of

the pandemic had adverse effects on the mental health of children and adolescents. The disruption and dysregulation of their daily activities caused depression, anxiety and fear. A review study by Wang et al. (2020) confirms common psychosocial consequences of three respiratory, infectious, and pandemic diseases. 24 studies were identified, in particular 10 studies for Sars-Cov, 3 studies for H1N1 and 11 studies for Covid-19. Also, a previous study of the long-term effects of respiratory-type pandemics is on Post-Traumatic Stress Disorder (PTSD), which is experienced with symptoms of anxiety, depression, and long-term adverse mental health effects (Panda, et al., 2021). American families on the effects of H1N1 and Sars-Cov found that 30% of quarantined children and 25% of children whose parents were in quarantine developed symptoms of post-traumatic stress disorder (PTSD) (Sprang & Silman, 2013). In the period of Covid-19, children and adolescents experienced post-traumatic stress and post-traumatic stress due to unclear circumstances experienced in the family or at school. The girls are twice as likely to develop PTSD symptoms (Xie, et al., 2020). In childhood, PTSD affects brain development (Liu et al., 2020). Against the aforementioned risks, psychological resilience is the response to traumatic and stressful events, as it provides the individual with the ability to withstand stress, adapt, recover, and healthily continue the evolutionary course in development (Masten & Barnes, 2018; Gkatsa, 2021b).

2.2 Respiratory Pandemics and Phases

The Severe Acute Respiratory Syndrome, or SARS, pandemic could be an archetype in terms of the rate and course of development of respiratory pandemics and in terms of dealing with successive crises (Sim & Chua, 2004). A respiratory pandemic psychosocial intervention design for children and adolescents is called upon to respond to multifaceted needs caused by the pandemic (Stewart et al., 2021).

2.3 Needs at the Outbreak of the Crisis

The outbreak of the crisis of an acute, contagious respiratory disease is soon followed by the declaration by the competent world health organization as a pandemic. The rapid spread of the virus and the urgent need to limit its spread usually cause mental distress and because of this social disorganization, divisive manifestations, manifestations of panic, racism and protests (Taylor, 2022). The onset of the crisis causes stress, anxiety, confusion, anger, a difficult emotional state, sleep difficulties, stigmatization of the sick in common areas and a reduction in social contact (Xie et al.,

2020; Ravens-Sieberer et al., 2021; Becker & Gregory, 2020; Brooks et al., 2020).

2.4 Psychological Needs during the Crisis

The outbreak was followed by several waves of disease outbreaks. A typical wave of the pandemic is expected to last 6-8 weeks. There followed consecutive and successive waves of Lockdown and Unlock and quarantine for the sick (Siegel et al., 2007). Pressman and colleagues (2005) confirm with their study the correlation between social isolation and low level of mental and physical health. In particular, children and adolescents face significant losses from the pandemic, such as the loss of parental care and death as a trauma. Young children often react to these conditions with reflux, such as sucking or wetting the bed. Children attending elementary school manifest symptoms of mental disorders and difficulty such as aggression, withdrawal, anger, nightmares, and distraction (Solomon & Green, 1992; Panda, et al., 2021). The adolescent's manifest difficulty in their relationships, aggression, isolation, and depression (Guessoum et al., 2020; Oosterhoff et al., 2020). These symptoms combined with punitive behaviors constitute abuse (Taylor et al., 1997). Grief from the loss of loved ones is one of the most painful and potentially traumatic experiences for children and adolescents. The effects of bereavement depend on the age and developmental level of those affected. The recognition and diagnosis of bereavement are a prerequisite for dealing with it (Alvis et al., 2022).

2.4.1 Psychological Needs during Quarantine

Quarantine and social isolation damage mental health. The successive waves of the pandemic force isolation for extended periods of time. Due to these conditions, increased anxiety is caused and the need for contact and companionship with others is stimulated. This need is exacerbated when stress and trauma coexist. Coping with the mental difficulties that arise from this particular need can be accomplished through social networking, communication, and communication support (Lazarus et al., 2002). Classroom activities and sharing of experiences relieve, reassure, create a sense of universality, and practice empathic listening skills (Yalom, 1980, 1995).

2.4.2 Opening after Closing

Opening schools during the pandemic can be an important and reliable intervention to address emotional, and social difficulties and recovery from

traumatic experiences (Pahl et al., 2021; Gkatsa, 2021b). The experience of the most recent respiratory pandemic has yielded a number of useful evaluated applied interventions that can be implemented during the intervals of re- entry into school during the pandemic (Ding & Yao, 2021; Giboney Wall, 2021; Gkatsa, 2023; Lee et al., 2021; Waters et al., 2021; Yuan, et al., 2021). The goal of these interventions is to address the crisis and develop mental resilience (Boldt et al., 2021). Resilience as a process involves motivation to mediate, manage and adapt to stress and trauma. Training in management and resilience processes increases self-efficacy and coping mechanisms (Boldt et al., 2021).

2.5 Post-Crisis Needs

The Covid-19 pandemic has identified a lack of protocols for long-term psychosocial interventions for children and adolescents aimed at preventing psychosocial difficulties and post-traumatic stress disorder (Siegel, 2007). Following the long-term duration of a pandemic, students may have suffered long-term, adverse effects on psychosocial and physical health, emotional well-being, sociability and behavior (Gkatsa, 2021b). Post-pandemic interventions are considered essential for recovery, well-being and prevention of future conditions (Pahl, 2020). In parallel and in collaboration with the mental health service network (Hatzichristiou et al., 2011), the school could be an appropriate setting for conducting Post-Pandemic Psychosocial and Resilience Intervention, as it can be targeted to all children and adolescents.

3. Aim and Method

The experience of respiratory pandemics so far has highlighted multi-level needs for psychosocial adaptation and resilience of children and adolescents. The aim of this study is to create a prototype model of psychosocial and resilience interventions that specifically responds to this purpose. In this study, the proposed model "Psychosocial Intervention and Resilience Program for Children and Adolescents in the three phases of the Respiratory Pandemic" can be applied to individual phases of the pandemic outbreak. Each intervention in a sub-phase of the three can be enriched by relevant, published and evaluated materials applied during the Covid-19 pandemic and other successful methods and techniques that have been identified as necessary and effective in times of general crisis.

The method followed focused on the design of a model to prevent and address the psychosocial needs of children and adolescents in a respiratory pandemic. The design study followed the different psychosocial adaptation and resilience needs of children and adolescents under the conditions of a respiratory-type pandemic as a criterion (Gkatsa, 2021b; Masten & Barnes, 2018; Sim & Chua, 2004; Stewart et al., 2021; Xie, et al., 2020). The study of these particular conditions has highlighted the subtle variation in needs across broader and individual time periods of a respiratory-type pandemic. Subsequently, the model was designed to anticipate three broad categories of intervention: pre-Crisis, IN-Crisis, and post-Crisis. The first-period Pre-Crisis intervention anticipates being implemented before the Pandemic Crisis. Its purpose is prevention and preparedness preparation by implementing appropriate programs that promote the development of emotional and social skills essential for psychosocial empowerment and resilience in children and adolescents (Hatzichristou, 2015). The second-period intervention includes three individual interventions applied in corresponding, three time periods highlighted by the systematic review of the respiratory pandemic conditions and psychosocial burden of children and adolescents (Boldt et al, 2021; Lazarus et al., 2002; Pressman and colleagues 2005; Siegel et al., 2007). Specifically, the In Crisis intervention includes: interventions for the period of a) pandemic outbreak, b) closure & quarantine and c) opening after each pandemic wave. The third-period intervention provides for Post Crisis interventions, for recovery and prevention of PTSD (Siegel, 2007).

The content of the material, methods and techniques of intervention approaches in this article were derived from a prior systematic search of our previous study on a systematic review of psychosocial and resilience interventions implemented for children and adolescents in school or community settings during the Covid-19 pandemic (Gkatsa, 2023). The review covered the period from December 2019 to February 2022. Google Scholar, Psych info, Web of Science, PubMed and Scopus search engines were used. In addition, the keywords "child, adolescents, intervention, school, psychosocial, resilience, pandemic COVID-19" were used. Exclusion criteria were interventions that did not involve health measures or interventions that did not involve children and adolescents as students. Ten studies were included in the systematic review. The material from these studies was used in this Model Proposal (Gkatsa, 2023).

The article is the seventh in a series of articles on the Covid-19 pandemic. It, therefore, builds on a series of previous authors and studies in which the psychosocial impact of the Covid-19 pandemic on children and adolescents

was extensively explored (Gkatsa, 2021a): Transforming Trauma into Psychosocial Resilience (Gkatsa, 2021a), Report on Children, Adolescents, Education and Interventions from the Covid-19 Pandemic (Gkatsa, 2023b) and the Systematic Review of Psychosocial, Psychological Resilience Interventions for Children and Adolescents in the COVID-19 Pandemic Period (Gkatsa, 2023).

4. Results/Discussion

The pandemic can be addressed as a challenge beyond trauma through an adaptive process to develop mental resilience for children and adolescents (Ellis et al., 2017). This goal can be served through well-designed interventions, suitable for the needs that could mainly be implemented in the school. The school is a stable environment, in which all children and adolescents could be helped in crisis situations, to transform stress and trauma into resilience (Gkatsa, 2021a). Additionally, school entry interventions promote recovery and protection from developmental suppression (Capurso et al., 2020). A necessary complement to meet the multilevel needs and prevention of serious clinical conditions of children and adolescents is the provision of cooperation with an integrated network of mental health providers (Stewart et al., 2021). In addition, what we know from the experience of the Covid- 19 pandemic, as documented, can also be used to inform the design of future prevention and response interventions.

4.1 PRE Crisis /Pre-Pandemic Programs (Promotion of Psychological Skills)

The pre-crisis period (PRE Crisis) can be used to implement prevention programs and actions aimed at establishing appropriate coping through attitudes, behaviors, the development of psychosocial skills, resilience (Hatzichristou, 2015), high self-esteem, which protects against the adverse effects of crisis, illness, loss and facilitates adaptation (Mash & Barkley, 2010). The aforementioned categories of goals involve older, already known and widespread practices that aim to prepare proactively for managing and coping with any crisis (Chatzichristou, 2015). Newer studies are enriched with innovative ideas as they present the use of virtual reality to teach ways of coping with different manifestations of crisis through the creation of virtual reality scenarios. The virtual reality method provides scenarios, including a dangerous one experienced in a safe way through counseling and support in the context of psychoeducation. Nowadays, this method has been widely used as virtual reality scenarios have been used for

training to cope with natural disasters such as floods, fires, earthquakes (Amin & Ahn, 2021), and hurricanes (Gamberini et al., 2021; Tarnanas, & Manos, 2001), but not for pandemics (Figure 1).

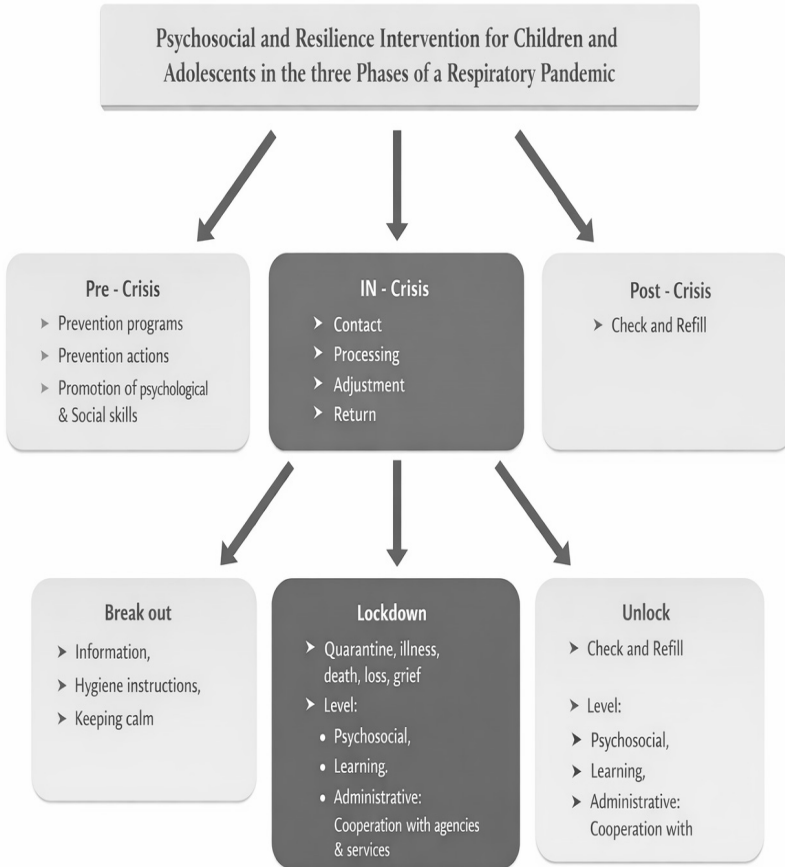


Figure 1. Model Psychosocial /Resilience Intervention for Children and Adolescents in a Respiratory Pandemic

4.2 IN Crisis / IN Pandemic

4.2.1 1st Phase: The Breaks out of the Pandemic

1). *Distance learning and psychosocial support.* For phase 1, when the pandemic breaks out, it is proposed to implement distance learning for as

long as it becomes necessary to close schools. At the same time, it is proposed that the 'School Prevention through Distance Learning - E-Learning Program' be maintained at a steady pace: this was an intervention that could be implemented at the outbreak of the pandemic infectious and respiratory disease crisis. The "School Prevention through Distance Education - E-Learning Program" could apply fundamental principles of crisis response programs, such as:

- a. *Primary Support and guidance for safety measures and in health instructions*
- b. *The provision of Informational feedback* for the understanding of the pandemic and trauma- conditions which provide information on what hurts and what can help in pandemic conditions. Informational support can be given to students and their parents (Giboney Wall, 2022). Another method that can be applied is informational information to teachers. Educating teachers based on the fundamental principles of positive education seeks to develop their mental well-being. Teachers are taught techniques such as classroom coping, increasing self-regulation, increasing relational abilities, increasing psychological resources, and expanding professional capacity. Teachers benefit themselves through applied experiential practice through modeling and personal reflection on the experience. In this way, they acquire the competencies with which to educate their students (Brunzell et al., 2021).
- c. *Emotion management.* To manage emotions, mindfulness training for pandemic resilience, which improves emotional intelligence, has been successfully implemented. This method was applied to adolescents in China for six months during the pandemic and increased adolescents' resilience and emotional intelligence (EI) (Yuan, 2021). Eligible children with emotional anxiety difficulties, attention deficit hyperactivity disorder (ADHD) and autism, who prior to the Covid-19 pandemic were in "face-to-face" treatment aimed at emotional regulation, parenting confidence, social communication and management of anxiety and anger, were able to attend. The treatment regimen consists of a therapeutic triad, in which a parent participates. The exact same program continues to be implemented, with the exact same objectives, during the pandemic period through Telemedicine. This proposal was successfully implemented in the CAMHS/Children & Adolescents Mental Health Services program in Australia throughout the pandemic period and in all phases. Telemedicine used Cognitive Behavioural Therapy with videoconferencing to manage emotions. The development of

emotional regulation and social communication was reported in the outcome evaluation. The limitation of investigating in depth the effectiveness of the Telemedicine method was stated for the method (MacEvilly, 2020).

4.2.2 2nd Phase: Lockdown and Quarantine

During the Lockdown and during the Quarantine, distance education could be maintained and at the same time the "School Prevention through Distance Learning - E-Learning" program with content appropriate to the needs and circumstances, despite the difficulties and disadvantages of E-Learning; an alternative way of teaching in pandemic conditions emerges (König al., 2020). Programs in this period are based on distance intervention and are targeted at the healthy population and children and adolescents with difficulties and aim at psychosocial support and resilience. An informative intervention together with additional content depending on the individual objectives is considered helpful. It could be, for example, an intervention to alleviate pain in bereavement and loss (Alvis et al., 2022). According to Ameis (2020), during the period of the Covid-19 pandemic, a remote support intervention via Telehealth platforms for the Autistic, in the US, Canada, and Australia, was successfully implemented and aimed at resilience, mental health and mental well-being. The intervention involved the individual, family and school. The intervention indicated that the effectiveness of this modality depends on the individuals involved and socio-cultural factors (Ameis, 2020). It can also be a very inventive intervention reported by Malboeuf (2021) and implemented in Canada. It can be implemented in both ways and online and remotely, through a videoconference platform in the primary school and face-to-face in the school environment. Recipients are children with emotional difficulties, and attention deficit hyperactivity disorder (ADHD). The intervention is based on the "art of mindfulness therapy" and is intended to be applied to children with ADHD, emotional difficulties, anxiety and depression. It had a duration of six weeks. It aimed at mental well-being, reducing stress and anxiety stemming from the Covid-19 pandemic. This intervention has an emotional purpose and sought through the "simple plan" and the "Madala plan" to improve mental health (Malboeuf, 2021). A similar type of online intervention is a technical platform for all. The Helpline is based on a digital platform on which psychiatrists, psychologists, therapists and volunteer medical students work and respond. It has proven useful for psychological crises and is a response to urgent social and psychological crises (Zgueb, 2020). In these periods of incarceration and quarantine the modes of delivery of intervention are recommended to be online or telemedicine -

individual, group and population based. In conditions of social isolation, such as lockdown and quarantine, appropriate interventions could be aimed at psychosocial balance and support.

The replenishment of social-emotional needs through social networking with classmates with the safe use of social media. These measures aim to reduce isolation (Giboney Wall, 2022). To this end, in conditions of social isolation during the pandemic, it is proposed to implement online group physical activity programs for children and adolescents in the school context. Related testimony by Cataldi et al. (2021) reports the implementation of a Crossfit-program intervention implemented in Italy. It had a duration of eight weeks. It aimed at physical well-being, mental attitude and the development of self-esteem and emotional self-efficacy. However, the increased use of digital media during the lockdown and quarantine period brought about side effects. Experts point to the risk of side effects on vision due to the increased eye movement from excessive use of digital media. As an antidote to this risk, as reported by Zheng et al. (2021), a peer-to-peer physical exercise intervention was implemented for children and adolescents in southern China during the homeschooling period, when schools were closed, in online classrooms. The intervention aimed to reduce stress and eye strain.

4.2.3 3rd Phase: Unlock and "Re-entry to School"

3rd Phase - "Re-entry to school": In the second phase in which they return to school, intervention for re-entry to school after Lockdown is proposed. The intervention of this type, in this phase - could take the form of group intervention in the classroom with the aim of recognizing and managing emotional difficulties, developing stress management strategies, the "re-discovery" of social relationships, communication, social skills, and how to manage and solve problems. Such a program, "Re-entry to school", is described by Cataldi et al. (2021). This method was implemented in Italy after the initial lockdown, at all levels of education; in kindergarten, primary and secondary education. It includes activities aimed at educating and developing the emotional process and experiences of the lockdown period. At the same time, it aims to reduce anxiety and negative emotions. The "Re-entry to school" program can play an important role in enhancing mental resilience and a stable developmental pathway (Cataldi et al., 2021).

In the period when schools reopen in the intermediate periods, all the above-mentioned intervention possibilities can be applied. Depending on the assessed needs, they can be implemented: Physical exercise (Zheng, 2021),

mindfulness and art therapy (for children with emotional difficulties and ADHD) (Malboeuf, 2021), trauma-informed practices (Giboney, 2022), promotion of relationships, self-regulation, social-emotional learning, measures to reduce isolation (Giboney, 2022), mindfulness training to develop resilience and emotional intelligence (Yuan, 2021), Cognitive Behavioral Therapy with videoconference (MacEvelly, 2020), Telehealth platforms for children and adolescents living in areas remote from treatment and care centers (Ameis, 2020), Helpline and a technical platform for all (Zgueb, 2020).

4.3 Post-Crisis/ Post-Pandemic

4th Phase - "After Pandemic": In the post-pandemic phase it is important to assess the overall burden on children and adolescents. In particular, it is expected that children and adolescents with mental health conditions will probably, in the long term, face increased adverse effects on their psychosocial and academic development (Barbieri et al. 2022). A related proposal foresees a European strategy with a recovery plan for children and adolescents. The agent of this includes immediate rehabilitation of mental illness, mental disorders, abuse, and academic underachievement (Fegert et al., 2021). In the individual techniques that could be included, it is suggested that post-pandemic intervention could be preceded by post-pandemic intervention, which could be aimed at the gap assessment for addressing academic, emotional, and social difficulties. For students with academic underachievement "Differentiated teaching" is recommended for their academic recovery and to cover learning gaps (Kamarulzaman et al., 2021). School re-entry intervention activities could contribute to recovery and a reform towards a smooth return to normality could be implemented (Capurso, et al., 2021; Capurso, et al., 2022). Intervention delivery modes may take the form of face-to-face, individual or group. In all phases, face-to-face and remote, individual counseling and therapeutic intervention (e-cope) could be implemented by the school support and psychology network for vulnerable children and parents. Interconnection between community agencies, helplines and the community network is essential and complementary.

5. Conclusion

The most recent global crisis - the COVID-19 pandemic – has made it necessary to prepare and plan multi-level psychosocial interventions for children and adolescents for the next pandemic crisis. The differentiated circumstances in the respiratory pandemic crisis provide the opportunity for

a more precise and well-planned strategy to prevent and address adverse psychosocial impacts on children and adolescents. This paper has highlighted the particular needs and difficulties that arise as children and adolescents face different difficulties in the individual phases of a pandemic crisis. Research findings on the Covid-19 pandemic from the evaluated positive psychosocial intervention methods for children and adolescents were utilized. Based on these, a model for the individual phases of Before, In, and Post-crisis respiratory pandemic was proposed.

As a limitation of the study, it is acknowledged that the proposed model relied primarily on strategies and methods of evaluating interventions that emerged from a systematic review of a specific period from December 2019 to February 2022 (Gkatsa, 2023). However, this time period is a very pivotal period during which the Covid-19 pandemic extends. It is positively assessed that what is reported could be taken into account as an important source of cross-referenced information and could be beneficial material for the design of an innovative model of a “Psychosocial Intervention and Resilience Program for Children and Adolescents in the Three Phases of the Respiratory Pandemic”.

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CHAPTER 2

MENTAL HEALTH AND BEHAVIOR DIFFICULTIES FOR CHILDREN AND ADOLESCENTS, DURING THE COVID-19 PANDEMIC LOCKDOWN²

Abstract

Coronavirus disease 2019 (COVID-19) has been associated with adverse effects on the mental health and behavior of children and adolescents. Living conditions during the pandemic period, fear of death, threat and restrictive measures -such as isolation, limitation of social contacts, closure of the economy, loss of routine and activities- have been associated with psychosocial burden. Research studies confirm a wide range of emotional and mental difficulties, such as irritability, anxiety, distress, difficulty concentrating, more serious psychosocial effects -such as depression, anxiety, post-traumatic stress disorder and discomfort, substance use, and suicide. In pandemic conditions, during which social isolation and deprivation of social contacts prevail, children and adolescents show behavioral difficulties. Children regress to younger behaviors, manifesting forms of pre- social behavior, reactive / provocative, aggressive behavior, negation, upset, outbursts of anger, behavior without control, physical symptoms (hurts) and general difficulties of adjustment. Adolescents exhibit digital media addiction behaviors and risky behaviors. Significant deterioration is observed in the behavior of children with special needs, mental illness and social vulnerability.

Keywords: mental behavioral difficulties; children; adolescents; pandemic; COVID-19 lockdown

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