

Original Article

Children's health during the COVID-19 pandemic: a perspective from teachers at an Early Childhood Education Unit

A saúde mental das crianças durante a pandemia da COVID-19: uma perspectiva de professores de uma Unidade de Educação Infantil

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Abstract

Introduction: Studies have warned about the damages caused by COVID-19 on the lives of children and adolescents in terms of learning, social relationships, and mental health, as well as on their overall development. **Objectives:** To understand the teachers' perceptions of the implications of the COVID-19 pandemic on the mental health of children at an Early Childhood Education Unit. **Method:** This is an exploratory, descriptive study with a qualitative approach. Six teachers from a public Early Childhood Education Unit participated in the study. Data were collected remotely using participant characterization forms and semi-structured interviews, and then characterized through thematic analysis and the theoretical-methodological framework of mental health and psychosocial care. **Results:** The results showed an expanded understanding by teachers about mental health, involving aspects beyond the clinical condition and symptoms. In addition, from the teachers' perceptions, the school can adopt strategies to promote the children's mental health and support their families in a scenario full of adversities and difficulties, which have caused a series of damages to the mental health and development of this population. **Conclusion:** It is expected that this study can contribute not only to the understanding of a new and emerging reality that is being reinvented day after day but also to new reflections and discussions about intervention strategies and public policies aimed at children's mental health.

Keywords: Mental Health, Children, Education, COVID-19.

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Resumo

Introdução: Estudos têm alertado para os prejuízos da COVID-19 na vida de crianças e adolescentes nos âmbitos do aprendizado, relações sociais e saúde mental, assim como no desenvolvimento de modo geral. **Objetivos:** Compreender a percepção dos professores sobre as implicações da pandemia da COVID-19 na saúde mental de crianças de uma Unidade de Educação Infantil. **Método:** Trata-se de um estudo exploratório, descritivo de abordagem qualitativa. Foram participantes seis professores de uma Unidade de Educação Infantil pública. Os dados foram coletados remotamente utilizando-se formulários de caracterização do participante e entrevistas semiestruturadas e posteriormente investigados por meio de análise temática e do referencial teórico-metodológico da saúde mental e atenção psicossocial. **Resultados:** Os resultados apontaram uma compreensão ampliada dos professores sobre saúde mental, envolvendo aspectos para além do quadro clínico e sintomas. Além disso, a partir da percepção dos professores, a escola pode adotar estratégias para promover a saúde mental das crianças e apoiar seus familiares em um cenário de inúmeras adversidades e dificuldades, que causaram uma série de prejuízos à saúde mental e ao desenvolvimento dessa população. **Conclusão:** Espera-se que este estudo possa contribuir não só para a compreensão de uma realidade nova e emergente, que está sendo reinventada dia após dia, mas também para novas reflexões e discussões acerca das estratégias de intervenção e políticas públicas voltadas à saúde mental de crianças.

Palavras-chave: Saúde Mental, Criança, Educação, COVID-19

Introduction

The year 2020 was marked by the emergence of COVID-19 in Brazil, an infectious disease caused by the novel coronavirus SARS-CoV-2, which was first identified in China at the end of 2019. Faced with the virus's spread, the world began to adopt various measures to control the situation (Organização Mundial da Saúde, 2020), including safety and protection measures implemented in several countries, such as frequent hand hygiene, social distancing, and mask-wearing. Moreover, activities in schools, universities, and groups were suspended; many started working from home, and non-essential activities had to adapt to the new reality. It is worth noting that these measures were adopted differently in countries, regions, and by local governments according to the specificities of each context (Organização Pan-Americana de Saúde, 2020)

Thus, the COVID-19 pandemic significantly impacted people's everyday lives, with some social groups being more affected, such as individuals with disabilities, older people, indigenous populations, children, and adolescents (Pires, 2020; Ornell et al., 2020).

Specifically, regarding children and adolescents, governmental and non-governmental entities, as well as the literature, highlight the impacts of the COVID-19 pandemic on their lives, showing harm in areas of learning, social relationships, mental health, and overall development (Brooks et al., 2020; Fegert et al., 2020; Fundação Oswaldo Cruz, 2020a, 2020b; Fundo das Nações Unidas para a Infância, 2020; Jiao et al., 2020).

With the sudden suspension of school and extracurricular activities, children's everyday lives were unexpectedly transformed. Many began to show behavioral changes and emotional issues such as anxiety, worry, irritation, and more (Polanczyk, 2020; Singh et al., 2020). Furthermore, authors have indicated that the social distancing from their family, friends, and teachers, combined with the fear of being infected or having a family member infected, also impacted this population's mental health (Polanczyk, 2020; Singh et al., 2020).

Research aimed at understanding the mental health of children and adolescents during the COVID-19 pandemic has been identified (Jiao et al., 2020; Wang et al., 2020; Xie et al., 2020; Polanczyk, 2020). Generally, these studies focus on European and Asian countries and approach the issue from the parents' perspective. Additionally, there was a lack of Brazilian studies addressing children's mental health during the pandemic and the role of educational institutions in this scenario. Most of the studies found are productions and guidelines from organizations/institutions focusing on understanding how children have experienced the pandemic from their everyday life perspective and providing guidance to families (Fundação Oswaldo Cruz, 2020a; Fundo das Nações Unidas para a Infância, 2020; Folino et al., 2021; Fore, 2020).

In the research conducted by Jiao et al. (2020) in the Shaanxi Province, China, a questionnaire was administered to 320 parents of children and adolescents aged 3 to 18 years to identify the pandemic's impacts on their lives. The results indicated the presence of irritability, fear of family members becoming sick, sleep disorders, over-reliance on parents, lack of attention, worry, and nightmares. Another study, conducted through an online form answered by 2,330 Chinese students from second to fifth grades of primary schools, identified a high prevalence of depression and anxiety symptoms in children (Xie et al., 2020).

Regarding the Brazilian scenario, Dutra et al. (2020) conducted a study with five children aged 8 to 10 years, residing in the metropolitan region of Belo Horizonte, aiming to understand their feelings about the quarantine. The results indicate that the children were aware of what the coronavirus was, expressing that they missed participating in classes, socializing with their peers, playing with friends, and engaging in physical activities.

Folino et al. (2021) carried out a study in Rio de Janeiro with 20 children of both sexes and different social classes. Through semi-structured interviews conducted remotely, the research sought to understand the children's perceptions of the COVID-19 pandemic. They identified that the most prominent feelings displayed by the children concerning the pandemic were fear and concern, along with longing for physical contact and affection from peers and family members.

Despite the adaptations made during the pandemic, the literature has also shown that school remained an essential context for the development and mental health of children and adolescents, even if remotely (Brooks et al., 2020; Cifuentes-Faura, 2020). However, the challenges faced in promoting education in Brazil during the pandemic should be highlighted, such as difficulties accessing technology for remote learning, a lack of computers, cell phones, and Internet access, and the working conditions of teachers (Araújo, 2020; Dias & Pinto, 2020).

These challenges were especially pronounced in contexts of greater social vulnerability and limited resources directed at public schools, revealing the existing social inequalities in the country (Camargo, 2023).

Given this, and despite the challenges faced, authors have argued that it is essential to continue fostering solidarity, resilience, and social relationships between educators and students in the context of the pandemic. This is because it assists in reducing the negative emotional impact of the scenario on students (Dias & Pinto, 2020), strengthening the maintenance of connections and care and attention networks (Fundação Oswaldo Cruz, 2020b). In this regard, teachers play a crucial role, not just in educating but also in maintaining contact with parents and helping monitor children's health, offering assistance and emotional support if necessary. Alongside emotional support and directly related to it, it is deemed vital that schools and teachers emphasize health promotion through guidance on hygiene and sleep habits, physical exercise practice, and proper nutrition during this period (Cifuentes-Faura, 2020).

According to Casemiro et al. (2014), the school is where health and education meet, enabling health education and promotion activities. This dialogue and partnership between health and school seem crucial when discussing health promotion actions during childhood and adolescence – unique stages of human development. Furthermore, it is recognized that the school environment has been understood as an important locus for recognizing the challenges faced by children and adolescents, which often may remain unnoticed in other contexts (Dias & Pinto, 2020; Taño & Matsukura, 2020).

Therefore, it is fundamental to emphasize the need for more investments and research, especially in the Brazilian context, that continue to explore the reality these children experience during the COVID-19 pandemic from different perspectives. This can aid in a better understanding of the challenges resulting from one of the largest global health crises. Consequently, investing in studies that highlight the pandemic's impacts on children's mental health may not only assist in understanding a new and emerging reality, constantly being reshaped day by day, but also contribute to new reflections and discussions about intervention strategies and public policies aimed at this population.

Objective

To understand teachers' perceptions regarding the implications of the COVID-19 pandemic on the mental health of children in an Early Education Unit.

Specific objectives:

- a) Identify teachers' perceptions of the concept of child mental health;
- b) Identify the strategies adopted by teachers aiming at children's mental health in the pandemic context.

Method

This is an exploratory, descriptive study with a qualitative approach (Leopardi, 2002; Gil, 2002).

Participants

Six teachers working in an Early Education Unit participated in the research. The inclusion criteria selected teachers who had been working in the assessed school before the pandemic started and had more than two years of experience in this area.

Locality

The study was conducted in a public Early Education Unit that assists children aged 0 to 6 located in a medium-sized municipality in the state of São Paulo, Brazil. This school was chosen because it has been operating for 30 years and is a reference in the municipality. Moreover, the Unit maintained contact with its students and their families through remote meetings and activities throughout the pandemic.

Data collection

The following instruments were used to collect the data: participant characterization forms, containing information about their education, time since graduation, and practice in the current Unit, and semi-structured interviews with questions about the participants' understanding of child mental health, pandemic implications on children's mental health and development, and coping strategies adopted by the school during the COVID-19 pandemic.

Procedures

Ethical aspects

The research project was developed following Resolution no. 466/2012 from the National Health Council (CNS) and was approved under protocol no. 4.936.280. All participants signed an online Informed Consent Form (ICF) prior to study commencement.

Identification and location of participants

After receiving authorization from the Ethics Committee and the Early Education Unit management, the research was presented remotely (via video call and phone call) to teachers who met the inclusion criteria. Those who agreed to participate signed the ICF.

Instrument development and validation

Both data collection tools (characterization form and semi-structured interview) were prepared by the researchers and later validated through an external evaluation by expert judges in the field (Manzini, 2003). These judges analyzed their structure and content. Additionally, a pilot application of the tools was conducted after the expert judges reviewed them.

Data collection

Data were collected online, via the Google Meet platform, on dates and times previously scheduled with participants between December 2021 and January 2022. Participants were asked for and permitted to record the interviews for later transcription.

Data analysis and treatment

Thematic analysis—one of the techniques included in Bardin's content analysis (Bardin, 2008)—was used to examine and process the collected data. Accordingly, the transcribed interviews were exhaustively read to grasp their content. Next, themes emerging from the systematic reading process were identified. After that, the identified themes were grouped and became the analysis themes (Bardin, 2008). It should be noted that the data were discussed based on the theoretical-methodological framework of mental health and psychosocial care.

Results

The data obtained from Bardin's thematic analysis (2008) are presented in this section: first, the data related to the characterization of the participants, followed by the themes that emerged during the interviews with the teachers from the Early Education Unit.

Characterization of the study participants

Six teachers from an Early Education Unit located in a medium-sized municipality in the state of São Paulo participated in this research. Table 1 presents the characterization of these teachers. It is possible to identify their professional education, time since graduation, postgraduate degrees, and their tenure in the current school. To protect their privacy and identity, the word "participant", followed by a number, was used to refer to each of them.

Table 1. Characterization of the participants.

| | Professional education | Time since graduation | Postgraduate studies | Tenure in the school | Class or position |
|----------------------|-------------------------------|------------------------------|--|-----------------------------|--|
| Participant 1 | Pedagogy | 36 years | Master's degree in teacher training and specialization in early education | 30 years | Management |
| Participant 2 | Pedagogy | 21 years | Master's degree and Ph.D. in teaching and learning processes and a postdoctoral degree in linguistics | 8 years | Teaching children aged 2 to 4 years |
| Participant 3 | Pedagogy | 10 years | Master's degree in arts in school education and PhD in the importance of oral and written language | 3 years | Teaching children aged 2 and 3 years |
| Participant 4 | Pedagogy | 27 years | Master's degree in education | 4 years | Management |
| Participant 5 | Pedagogy and Psychology | 32 years | Master's degree and PhD in education | 18 years | Teaching children aged 1, 4, and 5 years |
| Participant 6 | Pedagogy | 19 years | Master's degree and Ph.D. in education focused on mathematics education in childhood and a postdoctoral degree in fusion science | 8 years | Teaching children aged 1 and 2 years |

Source: Prepared by the authors.

Table 1 shows that all participants have degrees in pedagogy, and two also have managerial roles. Time since graduation ranged from 10 to 36 years. All participants have master's degrees, four have doctorate degrees, and two have postdoctoral qualifications. Their tenure in the Early Education Unit ranges from 3 to 30 years.

Themes emerging from thematic analysis

The following themes emerged from the analysis of the results: “Mental health from the school team’s perspective”; “Implications of the pandemic on children’s mental health”; and “School and child mental health: possibilities, challenges, and the COVID-19 overview”, which are detailed below.

Mental health from the school team’s perspective

This theme presents the teachers’ perceptions of the concept of mental health and the aspects permeating it. It was observed that the participants’ perceptions of children’s mental health involve physical, emotional, and well-being aspects.

Additionally, spiritual factors, affective relationships, and doing were considered, as seen in the excerpts taken from the teachers' statements during the interviews:

Our health encompasses body, mind, and, for me, soul and spirit as well... it's connected to emotional and psychological aspects, it's not something that happens only on the motor plane, and it certainly reflects on the physical plane. (Participant 1).

It (mental health) is related to the children's well-being, both physically and mentally, it's connected to their well-being, I'd put it that way. Children's mental health is a result of their interactions with other people (...) the way we structure the activities of young children can either support or hinder these aspects, and that depends largely on the people around them (Participant 3).

Children can play, have a routine, have free time, and receive affection and attention from their families. I think that's very important, including attention, affection, and limits (Participant 4).

I believe mental health is a state of psychological, emotional, and affective well-being, and child mental health is specifically related to children (Participant 5).

I think mental health involves children's emotions and psychic relationships, and it encompasses well-being, as well as the emotional side (Participant 6).

Participants also highlighted aspects they believe are harmful to children's mental health, identifying some risk factors such as negative parental practices (neglect, violence, lack of affection, etc.). They pointed out the potential implications of the environment in which they live, whether it's the school or the home, and the relationships they establish for their mental health.

I think even aspects related to rejection, when the child is not seen by their parents, sometimes they are outright rejected (Participant 1).

(...) factors that can lead to certain difficulties include not having support from family or teachers, children who are typically rejected or subject to unaddressed prejudices (...) an unstructured, disorganized environment with a lot of fighting (Participant 2).

I think the lack of family attention and affection, improper or non-existent routines, like letting the children do whatever they want whenever they want, not having limits (...) I also think domestic violence, arguments, and fights, all that also affect them greatly (Participant 4).

Children who live through scenes of violence and abuse, we've even started receiving children with behavioral problems due to their environment. (...) I think that not feeling welcome, not having their own space, they're in their own homes,

with their family, but it doesn't feel like their space, the children are seen as a burden that unfortunately we have to deal with, so I think they don't feel welcome, they don't feel like they have a space made for them, they don't have a routine designed for them, instead, they have to adapt to their parents' routine." (Participant 5).

If it's an institution that's just a place to leave the children, a child warehouse, with high volumes, no place to play, develop, eat, sleep, play in clean, colorful sand, if it doesn't have these things, it will harm their mental health (Participant 6).

Implications of the pandemic on children's mental health

This theme sheds light on the diverse and potential effects of the pandemic on children's lives, particularly focusing on their mental health. Some of the highlighted aspects include the implications of social distancing and screen usage on development. The following accounts illustrate the impacts of social distancing:

So, I think the pandemic did quite a bit of harm in this regard, especially during the time of social distancing, because face-to-face interaction is essential for child development (Participant 1).

For those who were truly isolated, we noticed greater difficulty and increased shyness. I think I've mentioned this before, that I believe it brought some consequences, especially in speech (Participant 2).

This context of the pandemic showcases this very well; how the pandemic and not being in school and being isolated at home affected children's mental health. What I observe from the children is the family's lack of time to give real attention to them because in the [educational] Unit they had someone wholly attending to them all the time... But from our interaction with the children and the feedback families provide, it has an impact on speech development (...) families have reported to us that there was a delay in speech development, the family consulted a speech therapist and it was confirmed that they indeed had a speech delay (Participant 3).

I think that, at the beginning, it was good for them, because they started enjoying staying at home more, having their parents around, which is something many don't have. But then I think it gets tiring for everyone, including for them (...) because they are stuck at home without the freedom to go out, play outside, in places they used to, and end up staying at home playing with the family or a limited number of people (Participant 4).

I think because they spent a lot of time at home, and with busy parents, the children missed out on activities they would usually do in early childhood education. Their physical development is compromised, as they stopped doing things, and mentally, in terms of feeling cared for, loved, heard, and so on (Participant 5).

They feel lonely, wanting to play, go out, or occupy spaces in the city but they can't; they feel trapped and become agitated. It particularly impacted their oral language; I've noticed that children are having difficulty with speech and vocabulary, and miss social interaction. Language is compromised, as is both fine and gross motor coordination, since they engage in fewer activities and receive limited stimuli (Participant 6).

The use of screens was an aspect highlighted by the participants, as they considered that it increased drastically after the onset of the pandemic, causing concern, as can be identified in the following excerpts:

Even the amount of screen time for children in meetings and activities, I think ends up harming a bit (Participant 1).

(...) because this is another issue that also affects mental health, screen time, and synchronous meetings cannot be too long (Participant 3).

I believe it hinders development because they spend too much time locked on their phone and TV, there is a lack of directed dialogue, of special time for the children (...) (Participant 6).

It is observed that the changes in the pandemic context resulted in fear, insecurity, and anxiety for children and their families, such that socioemotional difficulties became evident:

(...) it not only affected my children but also the family and myself, and I felt quite anxious and had to start medication treatment this year because of this isolation (Participant 2).

The family didn't even go out with the child for a walk around the block, so the child is already restless and very anxious, there are cases of children with nightmares, and there are many issues that revealed this to us (...) the psychologist reported that there are some worrying issues, so she (the child) has clinical-level anxiety that may have been exacerbated by the arrival of her little sister. She is dealing with anxiety and depression (...) she is always unmotivated by activities, has a lack of appetite, several things she was telling me (Participant 3).

(...) it probably created anxiety in the parents, and I think children feel a lot of what mothers and fathers go through, at least that's how it was in our home too (Participant 4).

We see very stressed children nowadays, now with the pandemic, it has gotten worse, and parents complain about behavioral issues, tantrums and stuttering; it's showing that the mental health of these children is being compromised in some way (Participant 5).

School and child mental health: possibilities, challenges, and the COVID-19 overview

Reports from the teachers show that the school context enables various care strategies that contribute to fostering development and mental health, beyond the context of the pandemic.

In the school environment, we read a lot, and we work with oral expression in conversation circles, when they retell the story to us, you realize that at the beginning they have difficulties, but then, when they see a colleague telling it, they start to get more comfortable, right? Some children spend a long time there painting and the mother says, you know, this does a lot of good for them, some like to paint, others are more into movement, we have the body and movement project that allows bodily play, you know, for children to express themselves, so I think each child is unique and we offer various possibilities to work with the different languages they use to express what they feel, who they are (Participant 2).

(...) they read, talk about the book, and what they like the most is the music and dance part (Participant 3).

I always suggest integration with nature, water, sand, sun, sometimes children locked in an apartment present many limitations. I work so that children suffer less in the context of the pandemic (...) I see that one of the means besides play, dealing with nature, walking on the ground, on the grass, listening to the birds, one thing I ask a lot is to express themselves with drawings, parents say that children like to paint with paint and markers and I always tell them to make a drawing on a big place, cardboard, whatever they have at home, and the children use all the space to express themselves, so I think it helps to calm, to stabilize the child's mental health (Participant 6).

In addition, participants comment on their role in children's mental health:

We, as educators, or those who already have a certain experience in early childhood education, I think we can indeed help, what we can do is deepen the look we have on the children, on development, on what the children can show and what we can enhance in them, an extra look is always interesting (Participant 1).

(...) if we consider that early childhood education is one of the aspects that can favor mental health, I can say that I am involved in it (Participant 3).

I've seen a teacher put so much pressure on a child that they end up eating pencils, the teacher's figure in early childhood education is very important, including in the matter of the child's mental health (Participant 5).

However, educators often present difficulties in coping with situations that arise in the school context, related to the mental health demands of the children or their families, seeking the assistance of health professionals:

(...) we even asked for support from the outpatient clinic, so that psychologists could help parents, families, as well as us (...) people there have assisted us a lot. I think in a multidisciplinary team, maybe yes (thinking about care strategies during the pandemic), I think doing alone is not my specialty, but I think with a group including psychologists, therapists, and nurses, with a multidisciplinary team, I think I can (Participant 1).

I think there would have to be a multidisciplinary team to approach this with the family (the support), such as conversation circles. (...) I'm not a psychologist, I'm not a therapist, that's why I sought the teacher, the occupational therapist, and the psychology teacher who works on the emotional aspect to provide support from a health perspective. (Participant 2).

There are many cases involving children that reveal this issue of mental health, even a child that the occupational therapist follows and helped us (...) there was a family with an autism diagnosis, so she assisted in monitoring the family. (...) I think it's a fundamental issue (Participant 3).

We also have our nurse who did yoga with them even during the pandemic, but at distance (...) it's always good when we can work together with other people and other professions (Participant 4).

Yes, I'm proud to work at the Unit because it's a privileged context that we have, for a long time we've discussed what health is, the role of nursing in early childhood education, there we have a nursing and nutrition team 24 hours a day (Participant 5).

If only we had psychologists and occupational therapists at the Unit who could join this team, as an educator, I could help but have professional limitations, so maybe as an institution, as a whole, dialogue is the best way during the pandemic (Participant 6).

These statements show that the support of health professionals from other facilities, in the perspective of intersectoral networking, has been a strategy adopted by the team to cope with care and mental health intervention demands identified in this context, which go beyond the responsibilities and expertise of the school. In this sense, even with coordinated intersectoral networking, at times with the emergence of different demands, professionals may feel inadequacy and powerlessness and the need for investment in their professional education, as seen in the following statements:

You know, I think the biggest difficulty is not being able to do things, not having something to do, we feel limited because we can't really take action (Participant 3).

Maybe I should have talked to the mother and I could have helped more, you do what the law says even without knowing what is best (Participant 5).

(...) I learned from them, but I feel that I could have learned more, a proposal for continuing education involving this topic, bringing ideas and references for us to develop a more comprehensive proposal, we know it's the child's right, but we don't know everything, we work a bit, but we could work much more (Participant 6).

During the pandemic, the Unit developed various projects to support children's development. As presented in the following accounts from the interviews, many of these projects are related to mental health:

So, I've been working for a long time on the issue of emotions and feelings, and the importance of naming these feelings and emotions so that they can develop in their speech and understanding, and stop, for example, hitting, crying, or having tantrums. So, I try to have a lot of dialogue with them, thinking about their mental health (Participant 2).

(...) Our work involves not only storytelling but also focusing on specific feelings in those stories, for example, the Little Mermaid, the Wizard of Oz, the heart, the brain, courage, you see. So, we take these feelings and show the children that they can feel all these emotions, name these emotions, and talk about them. One mother said it was great because her daughter started talking about her emotions. The project really helped the child express herself and try to understand everything she was feeling. I think visual arts are fantastic because children can translate what's in their souls onto paper (Participant 2).

(...) We've developed projects for the children, including yoga and meditation, and we emphasize the arts and what art allows children to express about their inner world, what they think, and what kind of processing they're doing with their experiences. It's a way we see to access it. We have music, theater, and dance classes (Participant 5).

(...) but then, we started to focus more on mental health when the Unit focused on yoga, talking about what you feel and how to deal with it. I didn't have that knowledge before. In practice, there are specialized teachers, and we always exchange information about self-care, massage during bath time, during changing clothes, this care contributes to mental health, something I wasn't aware of before. We had a family and child support project from the beginning, with dialogue, WhatsApp messages, calls, and individualized video calls, and we also had groups, but individualized support helped us meet the families' needs. It was our goal to provide families with weekly suggestions, but we never forced families to do them; they were proposals. We wanted it to be light and enjoyable for the families and the children, not overwhelming. Many mothers felt guilt and helplessness when they couldn't juggle work, household chores, taking care of their children, husband, mother, pets, and everything else in their lives. So, we provided support. (Participant 6).

The diversity of projects carried out by the Unit demonstrates the importance of school in children's lives and the various possibilities of involvement in the field of education for health promotion and care, aimed not only at children but also at families:

(...) We start from scratch, and we understand that early education complements the family, so we have a very active listening approach with parents (Participant 1).

So, I've always provided the support I could... We also set up a group for the parents to talk, you know, so we tried to provide this support by speaking over the phone or sending voice messages, and we had a lot of conversations (Participant 2).

(...) a second project we carried out involved live sessions with families in the context of the pandemic. So, we sent a form to families with topics they'd like us to address in these live sessions, called 'At Home with the Unit'. And among these topics, there were things like tantrums, child development, music, and various other subjects (Participant 3).

(...) taking care of families at this moment is also important because, as I've mentioned, it affects the children's behavior (Participant 4).

In the context of the pandemic, we remained in this support role, monitoring the children's development and providing resources for families to face what they were experiencing, within the available means (Participant 5).

Despite social distancing, the school still served as a reference for welcoming and empathic listening, a place families could resort to, albeit remotely.

Discussion

It is understood that, despite mental health being the subject of various governmental public policies, ministerial norms, and publications in the field, its concept still lacks definition, even more so when it concerns child and adolescent mental health. Furthermore, the literature shows that often the different forms of interpretation and translation to the child and adolescent scenario do not correspond to the reality of this population, nor are they a consensus among authors, in such a way that some vulnerabilities become evident (Almeida Filho et al., 1999; Dalla Vecchia & Martins, 2009; Lourenço et al., 2020).

According to Fernandes et al. (2022), studies focusing on investigating the concept of child and adolescent mental health from the perspective of health professionals, in addition to being scarce, are recent. Thus, these authors propose that:

Child and adolescent mental health is dynamic and results from the complex relationship between personal resources and skills, contextual factors, and social determinants, which, in the dimension of everyday life, are directly involved in the possibilities of participation, enjoyment, recognition, and facing of challenges.

Among other things, it involves the possibility of experiencing pleasure, frustration, affection, motivation, and proactivity inherent in the genuine discoveries and learning of childhood and adolescence (Fernandes et al., 2022, p. 6).

In this way, from a broad perspective, the definition proposed by Fernandes et al. (2022) agrees with the results of the present study since, according to the participants' understanding, the concept of child mental health is based not only on individual aspects but also on their everyday experiences, established relationships, and life contexts, in which children need to have the opportunity for participation and affective exchanges to experience and explore the world around them. Participants also discuss the possible risk and protective factors linked to the children's mental health and how the pandemic has affected this population.

According to Matsukura et al. (2012), the personal, physical, and mental characteristics of children, as well as the context and environment where they live, can impact their mental health negatively or positively. Thus, some factors present in the environment have been considered as the most directly associated with the presence or absence of problems related to child mental health – called risk factors and protective factors (Assis et al., 2009; Matsukura et al., 2012).

As an example, Maia & Williams (2005) point out that the main risk factors for child development include violence (physical or psychological), abuse, and neglect. Other factors that negatively influence children's mental health are absent caregivers, disorganized environments, inconsistent family habits, and stressful aspects within school, social, and family environments (Matsukura et al., 2012). Therefore, it is considered that large-scale disasters, such as the current COVID-19 pandemic, significantly impact the population's mental health, since the unknown and spread of the disease, the adopted safety and protection measures, changes in everyday life, and the number of deaths can be interpreted as risk factors (Araújo, 2020; Brooks et al., 2020; Cifuentes-Faura, 2020; Fundação Oswaldo Cruz, 2020b, 2020a; Fore, 2020; Jiao et al., 2020).

Specifically regarding childhood and adolescence in the pandemic scenario, Santos et al. (2021) point out that these individuals have shown an intensification of psychological distress and recurrent clinical cases of depression, anxiety, extreme fear, apprehension, loneliness, insomnia, stress, frustration, sadness, melancholy, and restlessness. Moreover, these authors indicate that the changes in the everyday lives of children and adolescents, such as the suspension of school activities, have impacted their overall development and hindered the recognition of existing suffering, since the school has been the context and key actor in the identification and acknowledgment of suffering in children and, in this direction, from identification, the school has sought support and referral to other areas and services that can provide health care.

Corroborating the study by Santos et al. (2021), the findings of this study also showed that the mental health of children has been affected, especially considering the adopted distancing measures, which harm their interaction and communication skills. The results show a clear concern of the school staff with the development of children during the pandemic regarding socio-emotional aspects, verbal language development delay, and decreased acquisition of receptive and expressive skills.

The literature has indicated delays in the overall development of children during the pandemic (Andrade et al., 2020). Social distancing measures, along with the closure of social interaction spaces such as schools, impacted the well-being of the child population, with the experience of negative feelings (loneliness, stress, fear, frustration, uncertainty, etc.), in addition to lifestyle (diet, sleep) (Almeida & Silva Júnior, 2021). Rocha (2021), through a literature review on the impact of the COVID-19 pandemic on child development, identified that although the suspension of activities can negatively impact language development, its specific effect has not yet been widely investigated. Moreover, according to these authors, children born during the pandemic have shown reduced verbal performance compared with those born before it (Rocha, 2021).

Faced with this scenario, the Early Childhood Education Unit sought to carry out different strategies and projects that contributed not only to the development of children during the pandemic but also as a form of support to families. Thus, the study participants report that the Unit gained another centrality in the lives of families and children, even if remotely, since it was necessary, in many situations, to welcome families and children, as well as to strengthen bonds and develop qualified listening, highlighting its potential in the realm of mental health promotion and suffering prevention.

Ribeiro & Clímaco (2020) affirm that the experience of the pandemic intensified the use of technological resources and virtual interactions with children and their families, showing that pedagogical practices need to advance in the use of these resources coherently to ensure the learning and development proposed by the National Common Curricular Base. These authors also highlight how this practice is a challenge for early childhood education, since it is necessary to consider that children should not be overly exposed to screens, that their use by them should be accompanied by responsible adults, and that the use of these resources calls for the education of the school staff. It is also necessary to consider the lack of access to these technologies, which is a reality in the context of Brazilian social inequality.

Participants of this study also report that the insecurity related to the lack of education and information to address mental health demands has become a limiting factor for the introduction of new projects, in such a way that some of the strategies conducted were made possible because of the combined work with other elements of the care network, such as health facilities and professionals.

Lins et al. (2021) emphasize the importance of implementing programs that offer education on the theme of child and adolescent mental health to teachers. These actions should foster debate on the theme focusing on collective strategies to consider the perspectives of all those involved. These authors identified, through a questionnaire completed by 164 preschool and elementary school teachers, that most of them indicated a desire to learn more about child mental health, corroborating the findings of the present research.

Thus, it should be considered that education and capacitation strategies for the school staff can foster child and adolescent mental health since, beyond favoring the recognition of suffering, they provide tools that expand the opportunities for retention and learning of children experiencing psychological distress in school, as well as contribute to the handling of daily challenges, more effective referrals, and the reduction of stigma against mental health, as pointed out by Squassoni et al. (2021).

Therefore, the literature and the results of this study indicate that one of the existing challenges is the coordination between health and education and the various existing facilities aiming to build a network of shared and co-responsible care and protection, necessary for the early identification of situations of psychological distress and referral to the necessary sectors (Squassoni et al., 2021; Lins et al., 2023).

Conclusion

It is considered that the objective of this study has been achieved, insofar as the results indicate that, from the teachers' perceptions of the implications of the pandemic on the children's mental health, the school can adopt strategies aimed at promoting their mental health and supporting family members in a scenario of numerous adversities and challenges, which caused a series of damages to the mental health and overall development of this population.

As a limitation of this study, it is pointed out that, even though the Early Childhood Education Unit assessed is a public institution, the fact that it is located on a university campus means it has resources and professional qualifications that do not correspond to the reality of most Brazilian public schools. Therefore, further studies must be conducted addressing this theme from different realities and contexts, considering the implications of one of the world's largest health crises.

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Amanda Dourado Souza Akahosi Fernandes: study design, data organization and analysis, writing, discussion, and revision of the manuscript. Catharina Carvalho Gini: study design, data analysis, writing, discussion, and revision of the manuscript. Marina Speranza: data analysis, writing, and critical revision of the manuscript. Danieli Amanda Gasparini: data analysis, writing, and critical revision of the manuscript. All authors approved the final version of the text.

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