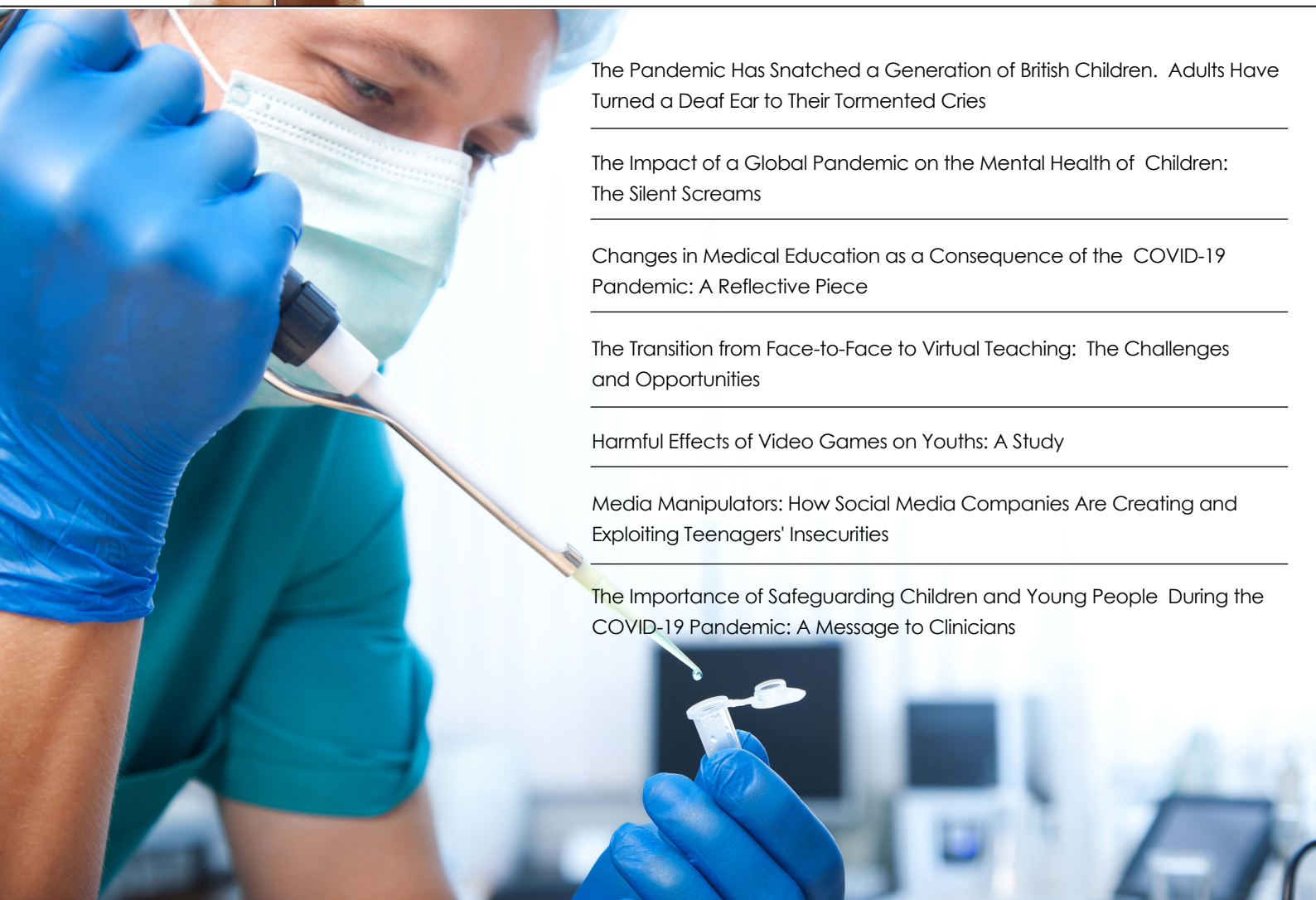




WJMER

World Journal of Medical Education and Research

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The Pandemic Has Snatched a Generation of British Children. Adults Have Turned a Deaf Ear to Their Tormented Cries

The Impact of a Global Pandemic on the Mental Health of Children: The Silent Screams

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Special Issue

Introduction

The World Journal of Medical Education and Research (WJMER) (ISSN 2052-1715) is an online publication of the Doctors Academy Group of Educational Establishments. Published on a quarterly basis, the aim of the journal is to promote academia and research amongst members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from around the world. The principal objective of this journal is to encourage the aforementioned, from developing countries in particular, to publish their work. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings. We envisage an incessant stream of information flowing along the channels that WJMER will create and that a surfeit of ideas will be gleaned from this process. We look forward to sharing these experiences with our readers in our editions. We are honoured to welcome you to WJMER.

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A WELCOME MESSAGE FROM THE EDITORS

Dear Reader,

It is our great pleasure to welcome you to this Special Issue of the World Journal of Medical Education and Research (WJMER). We have created this edition at what appears a timely moment. COVID-19 has had an unprecedented impact on every area of society throughout the world. The virus knows no boundaries. It does not discriminate. It holds sheer disregard for the trail of destruction that it leaves in its wake. It is thus our duty, as educators, to ensure that those who are the most vulnerable in society are not abandoned. There has perhaps never been a time in which these discussions have proved more urgent and vital.

The world's youngest generation has been severely affected by the pandemic. Children and young adults are already faced with certain challenges, from academic pressure to personal tribulations that are part of the process of growing up, all of which are often exacerbated by the negative influence of social media and other forms of technology. The pandemic has disrupted what should be a stable anchor in their lives – their education – and aggravated their concerns. This Special Issue, which has the child and adolescent at its heart, brings these ideas to the forefront, providing suggestions on how we, as adults, can help those who are in desperate need of support.

This Issue commences with a candid Invited Editorial entitled *The Pandemic Has Snatched a Generation of British Children. Adults Have Turned a Deaf Ear to Their Tormented Cries*. It broaches a topic that takes little precedence in dialogues on COVID-19: the fact that the education of children and young adults has been perilously disrupted during the pandemic.

The second article, penned by Dr K. Sivasubramanian, highlights the effects of the pandemic on the psychological wellbeing of children and adolescents. The author foregrounds the importance of recognising and addressing these harmful repercussions, and she accentuates the urgency of supporting young people throughout the world during this difficult time.

In the subsequent article, Dr R. Ooi and Mr S. Ooi discuss the ways in which COVID-19 has impacted the education of medical students and junior doctors. Restrictions imposed by the virus have forced institutions around the globe to seek virtual alternatives to face-to-face teaching. The authors reflect upon the challenges and the opportunities presented by these alterations within the context of medical education.

The following article, written by Mr L. Rees and Miss A. Bell, examines the challenges, as well as the opportunities, faced by the education sector in its endeavour to adapt to virtual methods of teaching and learning. The authors conclude with a salient message: there remain significant efforts to be made to ensure that our youngest generation is not hindered tomorrow by the difficulties presented today.

Mr P. Ejimkonye considers the harmful effects of video games on students. This research, which was conducted on students at Stavropol State Medical University in Russia, evidences how video games can contribute to several health-related issues in young adults.

The penultimate article by Miss K. Enoch explores the adverse relationship between social media companies and their young users. She discusses how attempts to create a prettified reality by advertisers and influencers who use social media outlets as a platform to reach a young audience can encourage adolescents to develop hostile conceptualisations of their own bodies.

The final article in this issue by Dr R. Ooi and Mr S. Ooi reverts our attention to the COVID-19 pandemic. It illustrates how social distancing measures, which have been implemented across the world in an attempt to combat the virus, have exposed the most vulnerable children and young adults in society to domestic mistreatment. The authors offer important safeguarding information to assist clinicians in the early identification of children and young adults who are at risk.

It is hoped that this Special Issue will offer a platform for dialogue, commentary, debate and, perhaps most importantly, the exchange of knowledge amongst our international community of healthcare professionals, medical practitioners and academics.

Ms Karen Au-Yeung
Associate Editor

Miss Rebecca Williams
Associate Editor

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Invited Editorial

The Pandemic Has Snatched a Generation of British Children. Adults Have Turned a Deaf Ear to Their Tormented Cries.

The greatest cataclysm to emerge from the pandemic is perhaps the fact that children and young adults at university have cruelly been denied access to their rightful education.

The British Government's decision in March 2020 to shut schools and cancel high-stakes exams was met with reassurance by some, disquietude by others. Children who had been preparing for GCSEs and A-Levels for 18 months were abruptly robbed of their chance to compete at a national level. Given the evolving nature of the pandemic, this did not appear unduly imprudent. However, children could only watch with incredulity and abhorrence when adults started to throng pubs, bars and restaurants in July, places in which donning a face mask seems futile, whilst they were not allowed to sit exams in a socially-distanced manner or attend school to try to recuperate some of the time that they had lost.

Following five months of uncertainty and fruitless perturbation for children, schools resumed in September 2020, but they were obliged to close again if the positivity rate became inordinately high or the number of teachers in self-isolation prevented the school from functioning. Students were also apprised to self-isolate if a member of their class must self-isolate, even if he or she does not test positive for the virus. This vacillation arguably had a pronounced effect on children who, each night, wondered if they would be allowed to return to school the next morning or if they would be sent home from school during the day. More recently, many councils across the country proposed the early closure of schools for Christmas. And universities throughout the UK instructed students to leave at the beginning of December. While adults flocked high streets and shopping centres to purchase trivial Christmas gifts or savoured a glass of mulled wine in a crowded pub, children were left to educate themselves. Isolated, unsupported and adrift. Adults were outraged at the thought that their prerogative to socialise might be denied. Yet, their indifference towards the education and wellbeing of their children was neglectful at best, callous at worst.

While adults flocked high streets and shopping centres to purchase trivial Christmas gifts or savoured a glass of mulled wine in a crowded pub, children were left to educate themselves. Isolated, unsupported and adrift.

It is not unwarranted to argue that undergraduate students in British universities have suffered a significant injustice during the pandemic. First-year students were encouraged to move into halls of residence which, for the majority of them, was their first taste of living away from home. They had no option but to accept enormous student loans in order to cover their tuition fees and accommodation fees, thousands of pounds that went directly to the universities. The universities swiftly decided that they were unable to deal with the (clearly expected) spike in COVID cases which hit in October 2020, and the majority of face-to-face

teaching at a higher education level for all years ground to a halt. Some classes were delivered online, but to consider monotonous and uninspired pre-recorded lectures with limited student-tutor interaction as a substitute for attendance lectures can only be regarded as nothing more than a humourless joke. Add to this the long-term side effects of staring at a flickering computer screen for months on end: repetitive stress injuries; sleep disorders; dry eyes; myopia; blurred vision; headaches; and obesity. And then the devastating sequelae of prolonged loss of contact with friends and peers: low mood; anxiety; depression; mental health problems; and suicide. These are scientific facts. They are not speculations.

While those who are responsible for educating the next generation use their state-funded salaries to finance their social lives and appear oblivious to this gross injustice, students are helplessly abandoned in halls of residence that can only be described as glorified prisons. It cannot be denied that these young people are seen simply as cash-cows. The blame shifts, as in a circular firing squad, between teaching unions, policy makers and politicians. Their lack of vision and imagination prevents them from finding pragmatic solutions. More and more barriers are erected. Online petitions abound with misguided reasons and inane rationale for keeping schools and universities closed are circulated. Debates centre on how to keep children away from school and students away from universities rather than on what needs to be done to ensure that they can return to a productive learning environment.

Debates centre on how to keep children away from school and students away from universities rather than on what needs to be done to ensure that they can return to a productive learning environment.

We, as a society, have callously ignored the repercussions of denying uninterrupted learning for our children and young adults. The apathy, torpor and selfishness of the adults are abominable. The rebound of the economy and the rights of the educators have taken greater precedence than the education of the youngest generation. Their privilege to a fair education and to their social and emotional development has been snatched away. Cold-heartedly. Parsimoniously. Pitilessly.

The pandemic has left behind a trail of devastation with calamitous consequences. But the blatant apathy towards children and young adults is perhaps the most iniquitous. If a measure of a civilised society is how well it treats its young and most vulnerable, these past few months are a damning indictment. It is still not too late to correct this grotesque unfairness. Yet, if we do not change course and prioritise the educational and emotional needs of our children and young adults, we, as a society, will need to hang our heads in utter shame for not heeding to their tormented cries.

Yet, if we do not change course and prioritise the educational and emotional needs of our children and young adults, we, as a society, will need to hang our heads in utter shame for not heeding to their tormented cries.

Let us start the New Year with more compassion, consideration and care for our children and young adults, and pave the way for them have a fruitful education.

Professor S Enoch

*Chairman and Director, Academic Division
Postgraduate Surgical Studies*



The Impact of a Global Pandemic on the Mental Health of Children: The Silent Screams.

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Abstract

An unmeasurable impact of the COVID-19 pandemic is its effect on the mental health of children and young adults. This article highlights the repercussions of the pandemic on the psychological wellbeing of our youngest generation. It seeks to foreground the importance of recognising and addressing these harmful impacts and to accentuate the urgency of supporting young people throughout the world during this difficult time.

Key Words

Children; Young Adults; Mental Health; COVID-19; Pandemic

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Priya's Story

Thirteen-year-old Priya has severe depression. Or so we thought. She lives in a deprived suburb with her mother, who speaks little English, and her father, who has schizophrenia. She comes to the clinic with her mother, who meticulously writes down the names of medication in Punjabi. Priya likes to go to school; she has three favourite teachers, two friends, and one bully. She wants to be an artist and practices drawing our faces on the clinic's little blackboard. Despite her depression, there is a sparkle in her eyes when she talks.

Then COVID-19 struck.

We did not hear from Priya for nearly a month. Then comes a frantic telephone call from her mother who cannot communicate with the crisis team because no one in the team speaks Punjabi. Soon enough, a psychologist who speaks Punjabi steps in. We learn that Priya's school has closed and that she has not been attending classes. She is stuck at home with her father, who has a diagnosis of psychosis and is furloughed from work. Her father has been interfering with her medications and stopped them. My colleague says she cannot hear what the mother is saying because Priya is screaming in the background.

This is a Priya we do not recognise. This is a first episode psychosis.

In less than a week, Priya is detained under the Mental Health Act and admitted to a Psychiatric Intensive Care Unit. As the team tries to help her fight the hallucinations, every family of psychotropic medication has been started, from antidepressants to antipsychotics, from mood stabilisers to benzodiazepines.

It is four months since Priya was admitted to hospital. She spends her fourteenth birthday in group therapy, in a psychology session, and on a Skype call to her mother.

Her diagnosis is confirmed as schizo-affective disorder.

She does not draw any more. There is no longer a sparkle in her eyes. They are droopy from the effect of the psychotropic medications.

There have been pandemics throughout the history of mankind, the cost of which are usually calculated in terms of lives lost and economic impact. These are measurable losses, and the performances of different governments and public health organisations are measured against these figures. However, there are several unmeasurable parameters, one of which is the impact on mental health. Adult mental health problems often manifest as increased hospital admissions and contact with mental

health services. Children, especially younger ones, express their mental health problems quite differently, and the true impact may not be felt for quite some time. This article looks at the published literature and guidelines from different parts of the world on the effects of the COVID-19 pandemic on the mental health of children and adolescents.

As cases of COVID-19 increased throughout the world, the World Health Organisation declared a public health emergency of national concern in January 2020.¹ The first two cases in the United Kingdom were reported in the same month and, with an increase in the spread of the virus, the British Government imposed a national lockdown on 23rd March 2020. This lasted for three months, followed by subsequent local lockdowns and partial lockdowns in various parts of the country. A second national lockdown was implemented on 5th November 2020, ending on 2nd December 2020.

This pandemic has caused unprecedented disruption to human life all over the globe. The number of deaths from COVID-19 have exceeded 1.6 million globally,² and the long-term morbidity is likely to be manifold.³ There is a huge economic price to be paid for the lockdown, with a rise in unemployment and economic depression. It is no surprise that the pandemic has had a major impact on the mental health of individuals. A systematic review of the recent publications about mental health during this period has highlighted both the direct and indirect effects of COVID-19 through worsening psychiatric symptoms such as an anxiety and depression, as well as the general psychological wellbeing of the population.⁴

The repercussions of the pandemic on children and young adults have been tremendous: school closures have caused disruption to learning, the cancellation of examinations has engendered confusion and panic, and many vulnerable children have found themselves away from the safety of their school. The impact on children's mental health has been as severe as, or perhaps even worse than, that experienced by adults.⁵ NHS Digital conducted an online survey in 2020, which was a follow-up from a face-to-face survey carried out on

3,750 children and young adults in 2017.⁵ The study showed that the incidence of a mental health problem was one in six in 2020, a rise from one in nine in 2017. A total of 54.1% of the 11 to 16-year-olds surveyed and 59% of the 17 to 22-year-olds questioned, all of whom had a probable mental health disorder, felt that their mental health had worsened during the pandemic.⁵ Several studies from all over the world have examined the impact of the pandemic on the mental health of children and young adults.^{5,6,7}

The reasons for this are obvious. Children are very perceptive. The information delivered through the media is encountered by children who often process it in a different manner to adults. This causes them to feel anxious about their own health, as well as that of their parents and grandparents. Schools provide more than academic learning for children. They are places of social interaction which help them to allay many of their fears and anxieties. A loss of the social support from their friends and teachers can aggravate these fears. The time spent at home during the lockdown meant that children had an undue exposure to television, gaming, and social media. Children, who were often left unsupervised, have suffered a negative impact from the above. These are children who previously had no developmental or mental health issues. Children who did have pre-existing developmental needs and mental health issues found their support systems inadequate, and their performance therefore worsened during this period.

Mental health effects in children during the pandemic can be broadly divided into worsening of mental health problems in children with pre-existing psychiatric problems and new onset symptoms in previously well children indicating a worsening psychological state. These effects have been seen from the very young to young adults, though the manifestations have been different.

The psychological impact manifested differently in younger children (three to six-year-olds) compared to older children (six to 18-year-olds). Younger children demonstrated clinginess and a fear of family members being affected by COVID-19, whereas older children

showed more irritability and inattention. Children of school age also expressed lower mood due to the inability to socialise with other children.⁷ These behavioural changes may not always be picked up by parents. For older children, uncertainty about the cancellation of exams caused anxiety and low mood.⁸

Children with pre-existing mental health conditions saw their conditions worsen during the pandemic.⁵ Children with autism were difficult to be managed at home without the regular support they were receiving from therapy and other services.⁹ Likewise, children with ADHD were a challenging group to manage at home during the lockdown.¹⁰ Children with obsessive compulsive disorders were seen to have worsening symptoms, with obsessive hand washing and anxiety about hygiene.^{11,12}

In many countries, parents were required to quarantine away from home, and this caused separation anxiety in young children. In some countries, children were also expected to quarantine if they developed infection.¹³ Prior to the pandemic, many younger children were cared for by their grandparents and, as a result, have strong bonds with them. Material hardship and parenting stress have affected grandparents during the pandemic which, in turn, may have a detrimental effect on children's mental health.¹⁴

Most of the published literature on children's mental health during the pandemic has identified a rise in depression and anxiety,¹⁵ and it has highlighted worsening symptoms in children with obsessive compulsive disorder.^{11,12} However, as our patient's case illustrated, psychotic episodes can also manifest for the first time in such circumstances. This has not been described in most of the published articles.^{6,7,8,14}

Many internet forums and mental health charities have tried to address some of these issues by highlighting the problem and trying to educate parents.^{16,17} The broad recommendations have been:

- recognise that the mental health impact on children can be to the same extent, or perhaps even greater, as in adults.

- subtle symptoms such as clinginess or irritability can be signs of underlying psychological issues in children.
- try and explain the pandemic to children in simple terms without worrying them.
- avoid over-exposure to the media for children, especially if the news is likely to cause mental distress.
- try and engage children in hobbies and other interests.
- recognise the help available for counselling through virtual communications.

It is reassuring that the mental health problems of children during this pandemic have been recognised in most developing countries, and steps have been taken to reduce the impact. However, the effect in some resource-poor countries may not be recognised, and similar resources may not be available. It is important to disseminate the message through global online platforms and make help available to children across the globe.

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Changes in Medical Education as a Consequence of the COVID-19 Pandemic: A Reflective Piece

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Abstract

The COVID-19 pandemic has impacted medical education in numerous ways globally. As national lockdown measures prevent in-person teaching, institutions around the world have sought after virtual alternatives. The delivery of teaching and the assessment methods have had to change swiftly in order to adapt to the ongoing crisis caused by the pandemic. In this article, we reflect on the challenges and opportunities presented within the context of medical education as a consequence of COVID-19.

Key Words

Medical Education; Coronavirus; Medical Students; Assessments

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Since the introduction of a national lockdown due to the COVID-19 pandemic, all medical schools in the United Kingdom (UK) have reduced face-to-face teaching and assessments. As a result, clinical medical students have suffered a significant loss of clinical contact, and they have thus experienced a lack of specialty-specific clinical skills practice. Although several medical schools have compensated for the loss of in-person clinical teaching through virtual alternatives, the fact remains that students are not able to learn through interaction with patients.¹ The cancellation of clinical placements has left a gap in their training.¹

However, during the academic year 2020/2021, the Department of Health and Social Care in England has deemed clinical medical students as “essential key workers”.² As a consequence, clinical medical students are allowed to return to placements, despite ongoing lockdown measures, and they have access to COVID-19 testing.² It is vital that medical students should also continue to receive teaching and supervision on clinical placements.²

As the UK enters a further lockdown from the end of December 2020 and into the new year,

we reflect on the challenges and opportunities presented to medical education as a consequence of the COVID-19 pandemic in the year 2020.

What challenges have medical students faced in the context of medical education?

1. The cancellation of elective procedures and face-to-face clinics due to staff shortages and social distancing measures has consequently reduced the opportunities available for medical students to examine and interact with patients.
2. Disruption to clinical structured examinations such as OSCEs has changed the way students are assessed. A minority of universities have replaced the OSCEs with an online assessment.^{3,4}
3. Pre-clinical medical students are affected by the fact that lockdown restrictions and social distancing measures prevent universities from organising laboratory-based practical sessions and anatomical dissection lessons. Pre-clinical students must now undertake the majority of their course (lectures; case-based learning; problem-based learning sessions) virtually.

4. The mental health of medical students should be safeguarded during the pandemic due to increased isolation and the many hours that they must spend on online learning.⁵ A recent survey on the implications of lockdown measures showed that medical students have felt emotionally detached from their friends and family throughout the pandemic.⁶ This has subsequently had a knock-on effect on their mental health and wellbeing.⁶ The study also reported that quarantine measures have resulted in an overall decreased work productivity, performance, and motivation to learn and study.⁶
5. Students also report other negative effects of continuous online learning, such as sleep disorders due to the increase in “screen time usage”, dry eyes, and headaches.⁷

With all that said, the pandemic has taught us novel ways to deliver teaching.

What opportunities have been presented to medical education?

1. The use of virtual platforms such as Blackboard Collaborate, Zoom and Microsoft Teams as a replacement of face-to-face lectures has made learning more accessible for students, despite lockdown measures.
2. Administrative medical school staff have taken this opportunity to develop innovative methods of assessments through virtual platforms to replace paper-based examinations. For example, Imperial College London School of Medicine has converted its summative assessments to open-book examinations (OBE) in response to the pandemic.⁸
3. The uprising of virtual conferences has enabled national and international events to become more accessible to medical students and trainees globally. Delegates can participate in these virtual conferences from the comfort of their own home and save the cost of travelling to a different city or country.

An aspect about which medical students are perhaps the most concerned is how they will be assessed in examinations, given their importance in future applications for

Foundation Programme and Specialty Training. Adopting OBEs to assess students at this time of a pandemic offers an avenue to explore. The future of medical education would arguably benefit from a nationwide survey - targeting both medical students and medical school staff - on the prospects of organising future assessments as OBEs.

We believe that, if the questions are designed aptly, medical schools could create OBEs in which students will not be able to find the answers through a simple Google search. Rather, students would be required to extract information from various specialties and/or fields and connect the dots in order to answer the question. Moreover, the exam could require students to respond by writing a short passage of text, as opposed to taking a single-best answers (SBA) format. This form of assessment, to a great extent, arguably emulates real-life practice.

While assessments play a key role in the process of learning, the component of teaching is equally, if not more, important. We believe that the teaching delivered during the pandemic shies from traditional face-to-face teaching in many aspects. This pandemic has taught us the importance of in-person engagement and human interaction, and this is one component that virtual learning cannot offer.

Conclusively, the COVID-19 pandemic has significantly changed medical education around the world. While the use of virtual platforms for lectures and tutorials is useful in the current situation, it can quickly become monotonous and mundane. Furthermore, the replacement of OSCEs with online assessments disregards its main purpose, which is to assess clinical examination and reasoning; critical skills expected in a future junior doctor.

Despite unprecedented challenges and uncertainty, UK medical schools have tried to adapt to the current lockdown measures to ensure learning, teaching and training can continue under the current circumstances. Although virtual learning and teaching are sub-optimal to face-to-face experiences, we believe that these changes are merely a “symptom” of

the COVID-19 pandemic which will “recover” once the “infection” ends.

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The Transition from Face-to-Face to Virtual Teaching: The Challenges and Opportunities

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Abstract

This article examines the challenges, as well as the opportunities, faced by the education sector in its endeavour to adapt to virtual methods of teaching and learning in response to COVID-19. While significant advances have been enacted in order to provide education during the pandemic, there remain significant efforts to be made to ensure that the future of our youngest generation is not hindered.

Key Words

Children; Young Adults; Social Media; Influencers; Exploitation; Manipulation

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Introduction

The COVID-19 pandemic has brought challenges for people across the world, from all walks of life. It has caused disruption beyond that of anything we have previously encountered in the modern world. Governments have borrowed extortionate amounts of money; businesses have had to close their doors; public services have been brought to their knees (King, 2020; Butler, 2020; Davis & Campbell, 2020). It was essential for restrictions to be brought in to slow the spread of this sometimes-deadly virus, but these produced an instant need for adaptation to the challenges they presented.

The education sector has faced its share of challenges provoked by the pandemic, but it cannot simply close its doors or postpone teaching. The long-term impact of children missing out on education cannot be underestimated, so the sector has had to adapt to this unprecedented event and continue to provide education in order to secure a viable future for today's children and young adults. Schools are social hubs in which young children talk, shout and sing, sending aerosols into their air in spaces which if not well ventilated well

will increase the chance of the virus being spread. Whilst it is known that good ventilation can help to reduce the spread it may not always be possible for school classrooms to provide this (Zafra & Salas, 2020). Because of this, the way the education system has operated since its beginning had to change.

How did the education sector initially respond to this immense challenge?

With students and teachers confined to their homes, remote learning was the only way forward. Pupils and teachers alike had to develop and become familiar with new ways of learning, ways that had never been trialled before in most settings and needed to be put in place within a short time frame. The challenges were many:

- How can teachers deliver new curriculum content to children?
- What activities can children undertake with greater independence from their teachers?
- How do teachers ensure lesson content is engaging and interesting for pupils?
- How can we ensure that all children have equal access to learning?
- How can teachers establish that learning has been understood and that concepts

have been mastered?

In the early days of widespread school closures, the initial response from many settings that did not have electronic capabilities in place was to send paper based 'learning packs' home with pupils. This meant that all pupils, whether they had suitable electronic devices at home or not, had access to activities with which they could immediately engage. The preparation of these is time consuming: they may need to be differentiated for students working at different levels, and the students need to be able to access and complete the tasks independently. The latter issue presented particular problems for children in Early Years and Key Stage 1, who are reliant on adult support to undertake learning activities. The biggest barrier using this method was that no new learning could be presented in this way. The packs were based on learning with which the children had previously been presented and were designed to consolidate that. This meant that these could only ever be considered a stop-gap until systems could be put into place to allow teachers to provide meaningful learning inputs for all children.

With the initial response becoming redundant, new methods had to be implemented.

In most cases, the second phase of delivering remote learning involved online input. The Oak Academy was set up with government backing to provide online lessons for children in the primary and secondary sectors (Williamson, 2020), and teachers worked together to make the most of using online tools such as YouTube to record short learning inputs. This took remote learning to another level; students were able to see their teachers and could access new learning before being set exercises in which to practice their newly acquired skills. This still had limitations: there is evidence that one of the most significant factors in progressing children's learning is effective feedback from teachers (Hattie, 1999). Pupils practicing their skills in their own homes took away the teachers' ability to provide high quality feedback, address misconceptions, and ensure that pupils are on-track. Some of the greatest learning opportunities in the classroom come from discussions between pupils and teachers, pupils asking questions and

sharing their views and perspectives on different subjects, and teachers asking carefully considered questions to move forward pupils' thinking (Weimer, 2011; Education Endowment Foundation, 2018). None of this was possible using a video lesson model of learning, so it soon became clear that an alternative was needed.

How was online learning developed further?

To replicate the classroom environment as closely as possible, live online lessons soon became the way forward. Fortunately, we live in times where live lessons became easily possible for most settings in a short time frame. Tools such as Microsoft's Teams and Google's G-Suite, among a range of alternatives, became the subject of education blogs, with schools and universities making rapid decisions about which system would work best for them (Gibbons, 2020). It might be argued that these systems had it all, perhaps paving the way for the traditional classroom set-up to become a thing of the past. Through these systems pupils can see their teachers, hold conversations and discussions (albeit not as smoothly as in person), be set tasks, talk with their teacher online if they come across challenges with a task, and submit their work for teacher feedback. However, whilst this system works most effectively, some limitations remain. A school's curriculum, in its widest terms, includes everything a pupil experiences during his or her time at school. Extracurricular provision forms an important part of this, and it is impossible to secure children's improvements in, for example, gymnastic skills without watching their performances first-hand.

What else did educational establishments have to consider?

While schools did all they could to provide for students, there were, and still are, issues beyond their control, such as financial and environment factors. This raises the question of how to provide education online to those who are unable to access it. With help from the government's devices for schools scheme (Department for Education, 2020), schools were able to provide devices to those who needed them, but providing internet access is much more difficult. In this situation, the most

successful learning will take place in stable households where parents are able to ensure that pupils stick to a routine, have a quiet space to work, and are supported to give their best. This means, unfortunately, that some pupils gain more from this method of learning than others, depending on their home circumstances, the value parents place on education, and the ability of parents to support their child at home. Engagement with parents is a crucial aspect of ensuring success; many families reported to school staff that they went to great lengths to balance their own working-from-home to support their children's learning but, of course, this presented challenges for many families already struggling with worries about health, finances, or the myriad other problems that the pandemic presented.

Of course, our educational establishments are about so much more than teaching curriculum content to our children and young people. For too many children, schools provide a safe haven where they are free from harm or abuse, where they are provided with a nutritious hot meal, and where they are supported. This provided another challenge for schools in ensuring, as far as possible, that children in need were suitably catered for. Throughout the pandemic, children of critical workers and vulnerable children were offered places within the school setting (Williamson, 2020). This was ideal in terms of providing a safe and secure place for these pupils, but it presented challenges: it was difficult for children across different year groups and taking different subjects to access online lessons from the same classroom; and school staff needed to supervise the learning of these children which meant they were unavailable to provide online learning for their usual pupils. There is much more to consider than how we enable pupils to learn.

How did the challenges differ for Higher Education?

Many universities already had electronic capabilities in place. Systems such as Blackboard, Canvas and Panopto are used across many higher education settings, allowing students to turn in work online, see their lecture notes, retrieve their assignments, and watch lectures that have been recorded. These were widely used before the start of the

pandemic, allowing for an easier transition to online learning from the usual in-person lectures for many students. Although online teaching resources were used before the pandemic they were tested when universities needed to close. Universities had used online resources to supplement in person teaching before but now they were using online platforms to provide all teaching. This was of course challenging for tutors who had to find new ways to deliver entire university courses and students who had to adapt to this new way of learning through an essentially experimental teaching method. Of course, in-person lectures will always offer more engagement and more of a social aspect for both teachers and students.

What impact has the lack of in-person teaching had on students' mental health?

One cannot ignore the effect that the drastic move away from in-person teaching has had on young people's mental health. It is incredibly important for a child's or a young person's development that he or she is placed in a social setting, one that schools and universities provide. Although peers and teachers can communicate over virtual platforms, it is no substitute; humans need in-person contact. It is not healthy for someone to be confined to their home and feel socially isolated (Tamm, 2019). Schools and universities provide a purpose. They provide routines which are essential for one's mental health. Without the structure in-person teaching provides, a person is likely to stray from his or her routines. It becomes challenging to keep on top of the sheer volume of content in the curriculum without a dedicated place to complete the work. Although students may feel they have more time and flexibility with online teaching, the restrictions mean that learning is now done in the same space as a person sleeps, eats and spends much of his or her time. The lack of varying environments to separate these activities, combined with orders from the Government to stay at home, no doubt have a drastic impact on one's mental wellbeing.

The opportunities to come from the virtual teaching

There are many challenges with virtual teaching, and it is fair to say we currently do not have the perfect recipe for providing all

teaching through a virtual means. However, this is not to say that there are not also opportunities. The generations currently learning within the education sector have been brought up with technology at the forefront of their lives. Where these young people can access it, they are using technology in all aspects of their life, so it makes sense that education should be the same. Many students will find it easier to study online for several reasons. Firstly, there is a lack of pressure from peers when learning online, which is what often prevents pupils from answering questions or presenting their work. However, this problem could still arise in the online classroom. Online teaching, for many, can be much more convenient and lifestyle friendly. This is especially true for the older generation of students, who often need to juggle education with part-time work. Pre-recorded lectures and online content can be accessed anytime, which is perfect for those with difficult schedules. Of course, when needing to contact a teacher or deliberate ideas, speaking in person will always be easier, but schedules very rarely align and, even when there is a gap where two people could meet, time is taken away with the need to commute, get ready, and prepare or find meals. The ability to send an email with a question or to request a video call and receive a reply almost instantly allows students and educators to maximise their productivity and therefore learn much more.

The education sector has had to adapt to incredible challenges presented to it this year. Educational practitioners have had to find innovative ways to continue teaching and to maintain current standards, and they have worked incredibly hard doing so. It is without a doubt that there are many opportunities to come from virtual teaching, but there are several challenges, with more emerging as each day passes. As the new year approaches, there is still much work to be done. Life will continue to change as the pandemic continues, and we are yet to see what the coming year has in store. It is essential that we address the current issues and work forward to provide

the best possible education for our youngest generation. This pandemic will pass and, when it does, a lack of education should not be a contributing factor for the problems that our youngest generation will face throughout their lives.

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Harmful Effects of Video Games on Youths: A Study

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Abstract

Video games are enjoyed by today's youngest generation. This research, which was conducted on a number of youths in Stavropol State Medical University, aims to show the harmful effects of this silent killer on students. The playing of these games has to be placed under a microscope and given as much attention as possible because it is the source of certain health-related issues.

Key Words

Video Games; BMI (Body Mass Index); RR (Respiratory Rate); HR (Heart Rate)

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Background

Video games have always been a disturbing entertainment amongst the youths of Stavropol State Medical University, Russia. It has been observed that quite a percentage of students play games, irrespective of the time of the day and other activities that are happening. The adverse effects of video games on these students are increasingly disturbing because these games are more accessible now. Unlike before, they can be played on any computing device, such as mobile phones, tablets, computers, and televisions (Ayenigbara, 2018). They can now be easily moved from one place to another.

Aim

The purpose of this research is to comprehensively examine game-play research to highlight the negative effects of video games. This research explores how video games can be related to obesity, cardio-metabolic deficit, bad performance in school and work, and other related aspects.

Introduction

Video games are a source of entertainment for a wide population and have various effects on an individual's well-being. Video game addiction is problematic since it causes psychological dependency on video games which, in a long

run, will hinder the normal functioning of the individual.

The first effect of video games that this article will consider is obesity, which is defined as abnormal or excessive fat accumulation that presents a risk to health. A crude population measure of obesity is the body mass index (BMI): a person's weight (in kilograms) divided by the square of his or her height (in metres). A person with a BMI of 30 or more is generally considered obese. A person with a BMI equal to or more than 25 is considered overweight (Aguilar Cordero MJ, 2014).

Overweightness and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular diseases and cancer. Once considered a problem only in high income countries, overweightness and obesity are now dramatically on the rise in low - and middle-income countries, particularly in urban settings (WHO 2020).

The next effect of video games is stress, which is a physical, mental, or emotional factor that causes bodily or mental tension. Stress can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Stress can initiate the "fight or flight" response, a complex reaction of

neurologic and endocrinologic systems (medicine.net).

I will also explain the effect on the cardiovascular system, which can result in cardiovascular diseases which can be referred to as health problems that affect the heart and blood vessels.

Materials and Methods

The study is a cohort study that included twenty (20) youths from Stavropol State Medical University in Russia. All students are residents in the university hostel. A questionnaire was used as a means to obtain information from the 20 respondents. I also made use of a sphygmomanometer to obtain their blood pressure during the gaming period and an hour after they completed their game. While they were gaming, their heart rate and respiratory rate were also measured. A weighing scale was also used to measure their weight, and a stadiometer was used to measure their height.

Result and Discussion

Obesity and Video Gamers

The students' level of obesity was measured using their BMI, which is the weight of the individual in kilograms divided by the square of their height in meters (m^2). A normal BMI is between 18.5 and 24.9. A total of 75% of the participants had an increase in BMI ranging from 25.2 to 32.5. Only 15% of the participants had a BMI within the normal range.

This can be associated with the fact that, whilst playing games, gamers generally consume a significant amount of junk food, which has high caloric content and low nutritional value (Ebong, 2014). They also tend to have limited physical activity and to miss classes in order to keep up with their gaming habits. This leads to increased amount of fat stored in the body and intra-abdominal fat. This is a major concern, as obesity and excess weight increase the risk of hypertension, dyslipidemia, and insulin resistance (Weiss, 2004), as well as Type 2 Diabetes, which is the product of the aforementioned factors (Steinberger, 2003).

Stress and Video Gamers

The stress level was measured by taking the heart rate (HR), blood pressure (BP) and respiratory rate (RR) of the participants. These measurements were taken before they gamed, during the game, and after the game. Each was taken twice, and the average was calculated.

The study reported here measured an increase in HR, BP and RR in the 20 young men when they played a video game. This game became a stressor, which causes the stress hormone to signal the body to circulate more energy by the functioning of the cardiovascular system (Porter, 2019). The mean systolic BP for the entire group was considerably higher during play than before or after. HR was also significantly higher during play. In view of these results, other cardiovascular changes might be expected to occur during video-game playing. Although the changes reported here were minor, even minor cardiovascular alterations could potentially prove serious in individuals with cardiovascular disease. It is important to note that violent video games, which were played by 100% of the students, increase aggression, and stress increases aggression. Players also tend to argue and stay angry for a while after playing the games. We can say that the players were under chronic stress, according to (Dhabar F. S., 1997), because they played these games for several hours per day for weeks.

Cardiovascular Diseases

Though the adverse effect of video games in the heart of the circulatory system was not directly measured, the possibility of the students having a cardiovascular problem was related to their obesity, which 75% of the students had, and their stress level, which was present in 100% of the students.

Obesity is a risk factor for cardiovascular diseases, such as hypertension, atrial fibrillation and arteriosclerosis (Carbone, 2019). Obesity causes heart failure by changing the structural and functional composition of the heart. It increases the risk of atrial fibrillation and sudden cardiac death by altering the

myocardial structure. An increase in BMI leads to an increase in systolic blood pressure (Schmieder, 1993), which can be due to the activation of the sympathetic nervous system or the renin-angiotensin system (Ebong, 2014) (Rabbia F. S., 2003).

Stress can result in problems such as coronary heart disease and hypertension by decreasing an individual's heart rate variability and increasing heart rate, blood pressure, and respiration rate (Porter, 2019).

Conclusion

Video games have a small but definite effect on BMI, body composition, and stress levels. If not controlled, addiction can lead to challenges in the health of youths.

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Media Manipulators: How Social Media Companies Are Creating and Exploiting Teenagers' Insecurities

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Abstract

This article explores the adverse relationship between social media companies and their young users. It discusses how attempts to create a prettified reality by advertisers and influencers who use social media outlets as a platform to reach a young audience can encourage adolescents to develop hostile conceptualisations of their own bodies. It concludes with several recommendations on how we, as a society, can help to alleviate the harmful effects of social media on children and young adults.

Key Words

Children; Young Adults; Social Media; Influencers; Exploitation; Manipulation

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How do we define beauty? Is it having shiny hair? Is it having a lean figure? Or is it having a flat stomach? With 95% of teenagers owning a smartphone,¹ it is rather unsurprising that social media is slowly changing the way we define our own beauty and self-worth. When using a personal computer, an average individual spends one-fifth of the time on social media, and he or she spends about 30% of the time on social media when using a mobile phone.² As an individual continues to consume social media, his or her body image becomes inextricably linked with the messages promoted through social media. Body image is defined as: 'the individual, subjective sense of satisfaction or dissatisfaction with one's body or physical appearance'.³ In fact, one is more likely than ever before to experience body shame and to be influenced by social media due to the fact that one is constantly exposed to certain body types.⁴ A study by Heather Gallivan (2014) showed that 69% of females (aged 10 to 18) state that photographs of models and celebrities in the media motivated their "ideal" body shape.⁵

Social media is often free to download. Despite this, many social media companies are worth billions of dollars; Instagram was worth \$100

billion in 2018.⁶ The social media companies instil negative thoughts about body image into their young and impressionable audience's minds from an early age; social media tells young people that they are not pretty unless they look like a supermodel. As a result, teenagers are constantly searching for ways to appear 'perfect'. Research by Michaela Bucchianeri *et al.* (2013) revealed that body dissatisfaction increases during adolescence. In particular, teenage girls report higher levels of body dissatisfaction compared to males.⁷ This means that the company can sell the data of its users to advertisers who will fill the teenagers' social media feed with their products. The products often seem to be "miracle cures" for all the teenagers' problems, boasting claims such as "Get smooth, soft, springy skin using this tool", as advertised by one facial-cleansing product.⁸

Advertising companies will also sponsor social media influencers. These influencers will then inform their young audience how great a product is, even though they might not have even used it. One example of this was seen in 2018 when Gal Gadot, a celebrity product ambassador for Huawei, tweeted about how incredible the company's latest product was.

However, she made this Tweet from an iPhone (Apple is one of Huawei's largest competitors).⁹ This incident shows that, occasionally, influencers might not use the products that they actively promote. However, when the teenager hears these alluring claims, he or she becomes desperate to purchase the product.

Such claims might also turn out to be fabricated, or at least misleading. For example, New Balance was sued for \$2.3 million after it falsely claimed that its latest shoes helped to burn calories and build muscles.¹⁰ Misleading claims leave the teenager feeling dejected as not only has the sensational product not worked, but the teenager's money has also been squandered. On the other hand, the influencer, advertisers, and the social media company all become richer due to many teenagers buying the product that was so heavily promoted to them. The fact that the product does not live up to the teenager's expectations often leads to him or her feeling worse about himself or herself. After all, he or she still does not look like their favourite model or celebrity. Clearly, celebrities do not really look like that either. The pictures that they post have been meticulously retouched, their body parts have been carefully reshaped, and their 'imperfections' have been discreetly removed. In fact, over 90% of adults admitted to editing a photo before they shared it online.¹¹ Teenagers are striving to mirror their favourite celebrities when they themselves do not look like that. Clearly, this is a cause for grave concern when it comes to the body image of teens.

According to Jennifer Mills, an Associate Professor in the Department of Psychology at York University, Toronto, "People feel worse about their own appearance after looking at social media pages of someone that they perceived to be more attractive than them".¹² Of course, celebrity photos will look more attractive than those of the average individual; they have been so heavily edited to make them appear stunning. When a teenager's young, impressionable mind is constantly bombarded with images of an unreachable beauty, it is hardly a surprise to hear that more than one out of three adolescent girls believe that they are overweight, whilst 59%

are trying to lose weight.¹³ Yet, social media companies and influencers do not care about that. To them, young people are nothing more than cash cows.

It is, however, possible for social media to have a positive impact. For example, receiving encouraging feedback on a social media post will increase the users' levels of self-esteem.¹⁴ Yet, most research shows, as highlighted below, that social media is more likely to negatively impact how one perceives his or her own body image. A study conducted by a healthcare institution, the Florida House Experience,¹⁵ revealed that both women and men compare their bodies with those in the media. They surveyed 1,000 men and women on their confidence and their body image, as well as their relationship with the media. The results showed that 87% of women and 65% of men compare their bodies to images that they consume on social and traditional media. Out of those people, 50% of women and 37% of men compare their bodies unfavourably.¹⁵ Another study asked 752 university students to complete a self-report survey, including the Instagram Addiction Scale (IAS), the Big Five Inventory (BFI), and the Self-Liking Scale.¹⁶ The results showed that agreeableness, conscientiousness and self-liking were negatively associated with Instagram addiction.¹⁶ Whilst having body image concerns is a relatively common experience and is not a mental health problem in itself, it can be a risk factor for a range of mental and physical health problems.¹⁷ These can include low self-esteem, low confidence, anxiety, depression, poor self-perception and suicidal tendencies.¹⁸ However, perhaps the most damaging result of these edited photos is one that affects around 9% of the global population: eating disorders.¹⁸

An eating disorder is defined as 'when one has an unhealthy attitude to food, which can take over one's life and make him/her ill'.¹⁹ There are four different types of eating disorders: anorexia nervosa (when one tries to keep his or her weight as low as possible by not eating enough food, exercising too much, or both), bulimia (when one can lose control and eat a lot of food in a very short amount of time (binging) and is then deliberately sick, uses laxatives, restricts what one eats, or does too

much exercise to try to stop oneself gaining weight), binge eating disorder (when one regularly loses control of his or her eating, eating large portions of food all at once until one feels uncomfortably full, and is then often upset or guilty) and other specified feeding or eating disorder (OSFED) (when an individual's symptoms do not exactly match those of anorexia, bulimia, or binge eating disorder, but this does not mean it is a less serious illness).²⁰ These disorders can have a devastating impact on the lives of those they affect. Research shows that those with anorexia nervosa have an 18 times higher mortality rate compared to their counterparts who do not have the eating disorder.²¹ Another study also showed the destructive impact of the disorder; suicide is the leading cause of death in sufferers of anorexia nervosa.²² Whilst there are studies that suggest that users of social media may feel decreased symptoms of depression,²³ many studies firmly contradict this assertion. A study by Ross Wilkinson *et al.* (2016) found that people with lower levels of self-liking are likely to have higher levels of depression.²⁴ High levels of depression are positively associated with social media addiction.²⁵ In fact, depression is expected to become the primary global burden of disease in wealthy countries by 2030.²⁶ An additional impact of eating disorders is low self-esteem. Sufferers may feel poorly about themselves, which can have an impact on other areas of their life. If they are constantly thinking about and hating the way they look, they will lack confidence. This will lead to them not achieving their full potential. These are just a handful of the harmful effects that a negative body image can have on an individual.

So, as a society, what can we do about it? Firstly, the elected officials and policy makers must stop letting influencers and celebrities edit the pictures they post online, as this exacerbates the aforementioned issues. We must also hold social media giants accountable for how they have damaged millions of teenagers' already fragile self-esteem. Secondly, we can try and limit our young people's exposure to social media as this may help reduce feelings of negative body image. The average teenager spends approximately nine

hours per day using media for his or her entertainment, according to a report by Common Sense Media.²⁷ During this time, his or her feeds would be flooded with images of stunning, lean people, lying on beaches and basking in the golden sun. So, expectedly, if young teenagers are constantly surrounded by these "perfect" models, they start contemplating their own beauty. Finally, we must support our young people. Research shows that the pressure to lose weight or gain muscle that adolescents experience does not only come from social media; it can derive from parents and peers.²⁸ Additionally, most young people obtain information about eating disorders and self-harm from friends or from online sources.²⁹ This can often lead to them receiving misinformation. They should instead seek the help of their parents or a trusted adult. Children should be counting to three and shouting 'Peek-A-Boo!'; instead, they are now counting how many calories they consume in a day. Millions of young people are striving for perfection when, in reality, perfection is a misconception.

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The Importance of Safeguarding Children and Young People During the COVID-19 Pandemic: A Message to Clinicians

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Abstract

The COVID-19 pandemic has affected us in many ways. With the implementation of social distancing measures, previously available sources of support for young adults and children have been stopped. These sources of support include school, friends, extended family members and neighbouring communities. The pandemic has also caused increased financial household stress and social pressure among parents whose jobs have been affected. Consequently, vulnerable young adults and children are at an increased risk of neglect, abuse, harm and exploitation behind closed doors. This article aims to provide important safeguarding information to clinicians for the early identification of vulnerable children and young adults at risk. It also seeks to explore the need for clinicians to recognise these risk factors and indicators as young people can be easily mistaken for being resilient rather than vulnerable.

Key Words

Safeguarding; Children; Young People; COVID-19; Pandemic; Education

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The term 'vulnerability', by definition, is the quality or condition of being exposed to the possibility of being physically or emotionally harmed or attacked, compounded by being weak, poorly defended or dependent on the abuser.¹ In regards to young people and children, being vulnerable implies that one is more at risk of harm than their peers.¹ Young adults and children can be generally grouped as vulnerable due to three broad categorical factors: health-related (e.g. physical/mental disability); social (e.g. poverty, exposure to crime/exploitation, neglect, children in the care of the state); and familial (e.g. living in an overcrowded home, having unemployed parents, having an abusive family).¹ Unfortunately, the issue of domestic abuse or neglect is not spared during an unprecedented time such as the COVID-19 pandemic. As a matter of fact, it is inflamed.² This article aims to provide important safeguarding information to clinicians for the early identification of vulnerable children and young adults at risk. It also seeks to explore the need for clinicians to recognise these risk factors and indicators as

young people can be easily mistaken for being resilient rather than vulnerable.

According to the Office of National Statistics, 4.1% of the UK population became unemployed from May to July 2020, and a total of 730,000 people lost their jobs by August 2020 due to the COVID-19 pandemic.³ According to the Royal College of Paediatrics and Child Health (RCPCH), households whose parents' jobs have been affected face an increasing strain on financial and social pressure, augmenting the stress levels at home.² The additional emotional stress and social strain caused by strict lockdown measures have also inevitably affected the availability of sources of support for vulnerable young adults and children, such as school, friends, extended family members and neighbouring communities.^{2,4} As a result, vulnerable young adults and children are inevitably at an increased risk of neglect, abuse, harm and exploitation behind closed doors.^{2,5,6} The 'new normal' of having telephone or video consultations as opposed to in-person clinics makes it even more challenging for clinicians to

prevent, identify and intervene with such issues. In this current state of a second lockdown, the education on safeguarding is an absolute necessity for clinicians in preparation for any further reinforcement of lockdown measures.

What can be done to remedy the situation?

It is clear that the inability to conduct in-person physical and/or clinical examinations, as a limitation of virtual consultations and clinics, poses a challenge to the assessment of patients for signs of abuse or harm. Hence, it is imperative to raise awareness of these verbal and non-verbal cues among healthcare providers, especially during the ongoing pandemic.

1. Ask questions that may indicate domestic abuse during consultations

As healthcare providers who are in contact with children and young adults, adding key questions that could explore red flag signs into consultations, triages, follow-ups and history-taking may encourage patients to share and disclose their concerns. As domestic abuse often affects one's sleeping and eating habits, it is important to ask open questions to initiate discussions about the patient's well-being. Examples of these questions are:

- "How has your sleep been?"
- "Have you been eating regularly?"
- "How is everything at home?"
- "How has your job been affected during the pandemic?" (for parents of children or young adults)
- "How have you been coping during the pandemic?" (for parents of children or young adults)

2. Recognise verbal cues

Clinicians should also recognise verbal cues that may suggest that a patient is in a vulnerable situation. These cues include, but are not limited to:

- Speaking in a different tone of voice
- Speaking more softly or slowly to avoid being heard
- Appearing to fidget and easily lose focus of the conversation
- Appearing to be easily frustrated and agitated and ending conversations abruptly

3. Recognise non-verbal cues

Clinicians should recognise the 'unspoken words' that may indicate the current well-being state of vulnerable patients. This includes situations such as, but not limited to:

- Being hypervigilant during consultations, especially when their parents are within their vicinity
- Appearing tired, fatigued, confused or sleep-deprived
- Having an unexplained or unexpected change in behaviour
- Developing new coping mechanisms (i.e., smoking, drinking alcohol, or taking recreational drugs)
- Having parents or partners who attempt to dominate the conversation during the consultation

Healthcare workers who are in contact with children and young adults should be aware of these signs of abuse and neglect and incorporate necessary safeguarding measures into practice. Healthcare workers should continue carrying out home visits for children and young adults who are already recognised as vulnerable to neglect and/or abuse.^{2,6,7} Moreover, clinicians should review and keep themselves up to date with current guidelines on safeguarding practices, as there may be changes that are adapted to the COVID-19 lockdown measures.

In conclusion, while COVID-19 may make us worry about the older population,⁸ it is important that we also pay attention to the well-being of all children and young people during this difficult time.

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