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Evaluation of Psychiatric Consultations Requested from Pediatric Clinics During the COVID-19 Pandemic

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Abstract

We aimed to assess the characteristics of children and adolescents who presented to pediatric clinics and required psychiatric consultation during the Coronavirus disease 2019 (COVID-19) pandemic. This descriptive study employed data derived from a retrospective analysis of medical records for 264 patients under 18 years old who were referred to the Child and Adolescent Psychiatry Department upon their presentation to the Pediatric Emergency and General Pediatric Clinics of Mersin University Hospital between March 11, 2020, and May 5, 2023. The median age of the patients surveyed was 15 years (interquartile range: 12-16), with 168 (63.6%) identifying as female. Among the total, 48 patients (18.2%) were young children (under 10 years), whereas 216 patients (81.8%) were adolescents (10-18 years). The predominant cause for consultation among children was behavioral issues (52.1%), whereas for adolescents, it was suicide attempts (42.1%). Of the young child cases, 29.2% exhibited no significant psychopathology, whereas 70.8% were diagnosed with at least one psychiatric disorder. Attention-deficit/hyperactivity disorder was the most commonly diagnosed psychiatric disorder in young children (25%), followed by generalized anxiety disorder (8.3%) and tic disorder (8.3%). Among the adolescent cohort, 6% exhibited no major psychopathology, whereas 94% received a diagnosis of at least one psychiatric disorder. Major depressive disorder was the most prevalent psychiatric diagnosis in adolescents (39.8%), followed by somatic symptom disorder (8.3%). Anxious mood was observed in 43.7% of young children, whereas 26.8% of adolescents displayed depressive mood. A total of 71.2% of patients received prescriptions for psychotropic medication (39.6% of young children and 78.2% of adolescents). This study, conducted in the fifth year of the pandemic, reviews the impact of COVID-19 on young children's and adolescents' mental health. It aims to enhance the awareness and knowledge of pediatricians, child and adolescent psychiatrists, and policymakers in our country regarding this issue.

Keywords: Adolescent, young child, COVID-19 pandemic, psychiatric consultations

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Introduction

Childhood and adolescence represent critical developmental stages marked by significant biological, psychological, cognitive, and social transformations. During these critical phases, 50% to 75% of mental disorders typically emerge[1,2]. Mental disorders constitute a significant global disease burden in this population, with the continuation of mental health issues into adulthood associated with considerable long-term adverse effects throughout the lifespan. Consequences encompass heightened mortality from suicide, diminished academic performance, and reduced economic mobility[2,3].

Highlights

- There has been a tendency for declining psychological well-being and a rise in mental health issues among children and adolescents during the Coronavirus disease 2019 (COVID-19) pandemic.
- The predominant cause for psychiatric consultation among young children was behavioral issues, whereas for adolescents, it was suicide attempts during the COVID-19 pandemic.
- During the COVID-19 pandemic, attention-deficit/hyperactivity disorder was the most commonly diagnosed psychiatric disorder in young children, followed by generalized anxiety disorder and tic disorder.
- Major depressive disorder was the most prevalent psychiatric diagnosis in adolescents, followed by somatic symptom disorder during the COVID-19 pandemic.

Epidemiological studies and meta-analyses indicate that mental health issues among children and adolescents constituted a major public health concern before the Coronavirus disease 2019 (COVID-19) pandemic. A meta-analysis of research conducted from 1985 to 2012 found a 13.4% prevalence of mental disorders in individuals aged 5 to 18 years.[1] Pre-pandemic data from the Global Burden of Disease Study revealed that around 10% of individuals aged 5 to 24 years experienced at least one mental disorder, with an average prevalence of 11.6%. Age-specific prevalence rates were 6.8% for those aged 5-9 years, 12.4% for 10-14 years, and 13.9% for 15-19 years[4]. The COVID-19 pandemic has been correlated with a rise and continuation of the symptoms of mental disorder in many children and adolescents[1-3].

COVID-19 usually progressed as a mild acute illness or was asymptomatic in children. Severe pneumonia and post-acute illnesses such as Multisystem Inflammatory Syndrome in Children have also been observed[5-7]. Besides the effects on physical health, changes in children's nutrition, eating behavior, and mental health occurred during the pandemic[8,9]. The COVID-19 pandemic has caused substantial interruptions in everyday activities. Quarantines, social distancing, and the cancellation of in-person school and community events have adversely affected the mental health of children and adolescents. Mental health issues, including anxiety, depression, suicide attempts, and eating disorders, have risen among young children and adolescents beyond pre-pandemic forecasts[10,11]. The COVID-19 pandemic has correlated with a decline in psychological well-being and an increase in mental health issues among children and adolescents[12]. The COVID-19 pandemic has significantly impacted young child and adolescent mental health, with anxiety, depression, loneliness, and stress being the most commonly reported issues[13]. Data reveal a rise in diagnoses of anxiety disorders and major depressive disorder among individuals under 18 in our country post-COVID-19 pandemic when compared to the pre-pandemic period[14].

Research is needed to investigate the epidemiology and developmental trajectory of mental health issues among young children, adolescents, and young adults during crisis situations, including pandemics[4]. Research findings in this domain can aid in the formulation of effective, evidence-based interventions aimed at preventing mental health issues and their related negative consequences. This study evaluates the demographic and clinical characteristics of young children and adolescents requiring psychiatric consultation who presented to Pediatric Emergency and General Pediatric clinics during the COVID-19 pandemic.

Material and Method

This descriptive study's data were acquired through a retrospective examination of the medical records of patients under 18 years old who were referred to the Child and Adolescent Psychiatry Department, upon their presentation at the Pediatric Emergency or General Pediatric Clinics of Mersin University Hospital, from March 11, 2020, to May 5, 2023. This research encompasses data from the initial verified COVID-19 case in Türkiye until the World Health Organization's declaration of the pandemic's conclusion. The data were obtained at the pediatric clinics inside our hospital that maintained full-time operating hours and did not adopt a flexible schedule throughout the pandemic.

The departments seeking consultation were documented by examining the consultation requests and response notes. Patient presentation dates (consultation dates) were categorized into three roughly one-year intervals: March 11, 2020-March 31, 2021; April 1, 2021-April 30, 2022; and May 1, 2022-May 5, 2023. Descriptive data were gathered on patient age, gender, existence of chronic systemic or mental conditions, grounds for consultation, detected psychiatric issues, and treatment and follow-up strategies. Out of 269 patient files with consultation requests, 264 were incorporated into the study. Five patients of international nationality were omitted. Subsequent visits for patients already assessed for identical concerns and referred for follow-up were excluded. Approval for this study was secured from the Mersin University Clinical Research Ethics Committee (approval number: 2024/415, date: 14.05.2024).

Diagnoses were reviewed based on anamnesis, physical examination, and psychiatric examination findings in pediatric clinics and the child and adolescent psychiatry clinic. Psychiatric disorders were diagnosed by a child and adolescent psychiatrist based on the

criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders-5[15].

Statistical Analysis

Statistical analysis of the data was conducted using SPSS version 21.0.0. Continuous variables are expressed as median with interquartile range (IQR), whereas categorical variables are represented as frequency (n) and percentage (%). Results for the young child (<10 years) and adolescent (≥10 years) cohorts were reported as descriptive statistics.

Results

This study evaluated 264 consultations. The timeframe with the greatest number of consultations occurred from May 1, 2022, to May 5, 2023, accounting for 45.5%, while the period with the fewest consultations was from March 11, 2020, to March 31, 2021, representing 23.9%. **Figure 1** illustrates the periodic distribution of consultations. Of the departments requesting consultations, 176 (66.7%) originated from the pediatric emergency department, while 88 (33.3%) were from the general pediatrics department.

The median age of the consulted patients was 15 years, with an IQR of 12 to 16 years; 168 patients, representing 63.6%, were female. The ages of patients varied from 1 to 18 years. Among the patients, 48 (18.2%) were young children aged under 10 years, while 216 (81.8%) were adolescents aged between 10 and 18 years. Of the patients, 87.5% were enrolled in school, whereas 11.7% were of school age but not enrolled. Two patients (0.8%) who had completed high school were preparing for university entrance examinations, while one patient, aged 16, was employed. **Table 1** presents the sociodemographic characteristics of the patients.

Among the patients, 17.8% were previously diagnosed with a mental disorder, while 6.4% had a chronic systemic illness. The prevalence of mental disorder was 22.3% among the mothers of the patients and 7.2% among their fathers. **Table 2** presents the clinical characteristics of the patients.

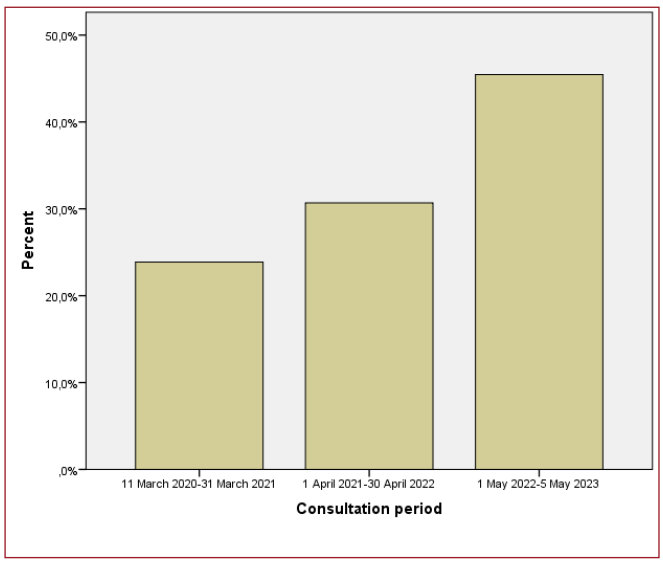

Figure 1. Distribution of consultations by period

Table 1.
Sociodemographic characteristics of the patients (n=264)

	n (%)
Age groups	
Young child	48 (18.2)
1-3 years of age	18 (6.8)
4-6 years of age	14 (5.3)
7-9 years of age	16 (6.1)
Adolescent	216 (81.8)
10-13 years of age (early adolescence)	54 (20.5)
14-16 years of age (middle adolescence)	114 (43.2)
17-18 years of age (late adolescence)	48 (18.2)
Gender	
Girl	168 (63.6)
Boy	96 (36.4)
Residence	
Living with family	257 (97.3)
Childcare institution/residential care	7 (2.7)
Birth order	
First-born	120 (45.5)
Second-born	83 (31.4)
Third-born or later	61 (23.1)
Mother's age (year)	41 (37-45)
Father's age (year)	44 (40-50)
Mother's education level	
Non-literate	16 (6.1)
Literate	7 (2.7)
Primary/Middle School	133 (50.4)
High School	54 (20.4)
Higher education	54 (20.4)
Father's education level	
Non-literate	3 (1.2)
Literate	4 (1.5)
Primary/Middle School	130 (49.2)
High School	66 (25.0)
Higher education	61 (23.1)

Table 2.
Clinical characteristics of the patients (n=264)

	n (%)
Pre-pandemic mental disorder diagnosis	47 (17.8)
Major depressive disorder	18 (6.8)
ADHD	15 (5.7)
Generalized anxiety disorder	9 (3.4)
Obsessive-compulsive disorder	4 (1.5)
Stuttering	1 (0.4)
Presence of chronic systemic disease	17 (6.4)
Epilepsy	10 (3.8)
Hypertension	2 (0.7)
Chronic kidney disease	2 (0.7)
Congenital heart disease	1 (0.4)
Systemic lupus erythematosus	1 (0.4)
Sickle cell disease	1 (0.4)

ADHD: Attention-deficit/hyperactivity disorder

The median age (IQR) of the young child cases was 5 (3-7) years, with 24 (50%) identified as female. The median age (IQR) of the adolescent cases was 15 (13.5-16) years, with 144 (66.7%) identified as female. Behavioral problems were the most common reason for consultations in young child cases (52.1%), whereas suicide attempts were the predominant reason for consultations in adolescent cases (42.1%) (**Table 3**). Among the 92 adolescent cases of suicide attempts, 85 (92.4%) involved medication ingestion, 5 (5.4%) involved jumping from a height, and 2 (2.2%) involved wrist cutting. The primary reasons for suicide attempts included, ranked by frequency, conflict with family (n=67, 72.8%), conflict with friends or a romantic partner (n=13, 14.1%), impulsivity and behavioral disorder (n=8, 8.7%), death of a family member (n=2, 2.2%), depression (n=1, 1.1%), and abuse (n=1, 1.1%).

Table 4 presents the mental disorders identified through pediatric and psychiatric examinations. Of the young child cases, 29.2% exhibited no significant

Table 3.
Reasons for psychiatric consultation

Young children	n (%)	Adolescents	n (%)
Behavioral problems	25 (52.1)	Suicide attempt	92 (42.1)
Speech delay	7 (14.6)	Behavioral problems	45 (20.8)
Attention problems	3 (6.3)	Seizure	36 (16.7)
Anxiety attack	3 (6.3)	Anxiety attack	12 (5.6)
Feeding problems	2 (4.2)	Eating problems	7 (3.2)
Learning difficulties	2 (4.2)	Dyspnea	5 (2.3)
Drug poisoning	1 (2.1)	Tobacco, substance, and alcohol use	4 (1.9)
Suspected abuse	1 (2.1)	Speech disorder	3 (1.4)
Dyspnea	1 (2.1)	Emotional problems	2 (0.9)
Dizziness	1 (2.1)	Dizziness	2 (0.9)
Headache	1 (2.1)	Numbness in the body	2 (0.9)
Excessive crying	1 (2.1)	Family problems	1 (0.5)
Total	48 (100.0)	Suspected abuse	1 (0.5)
		Attention problems	1 (0.5)
		Headache	1 (0.5)
		Vision loss	1 (0.5)
		Death of a family member	1 (0.5)
		Total	216 (100.0)

Table 4.
Psychiatric conditions identified at consultation

Young children	n (%)	Adolescents	n (%)
No major psychopathology	14 (29.2)	Major depressive disorder	86 (39.8)
ADHD	12 (25.0)	Somatic symptom disorder	18 (8.3)
Generalized anxiety disorder	4 (8.3)	ADHD	17 (7.9)
Tic disorder	4 (8.3)	Generalized anxiety disorder	15 (6.9)
Intellectual disability	3 (6.3)	No major psychopathology	13 (6.0)
Autism spectrum disorder	3 (6.3)	Impulsive suicide attempt	13 (6.0)
Specific learning disorder	2 (4.2)	Psychotic disorder	12 (5.6)
Psychotic disorder	2 (4.2)	Eating disorder	7 (3.2)
Adjustment disorder	1 (2.1)	Obsessive-compulsive disorder	6 (2.8)
Conduct disorder	1 (2.1)	Borderline personality disorder	5 (2.3)
Obsessive-compulsive disorder	1 (2.1)	Alcohol and substance use disorder	5 (2.3)
Somatic symptom disorder	1 (2.1)	Conduct disorder	4 (1.9)
Total	48 (100.0)	Intellectual disability	4 (1.9)
		Panic disorder	4 (1.9)
		Social anxiety disorder	2 (0.9)
		Adjustment disorder	1 (0.5)
		Autism spectrum disorder	1 (0.5)
		Specific learning disorder	1 (0.5)
		Gender dysphoria	1 (0.5)
		Post-traumatic stress disorder	1 (0.5)
		Total	216 (100.0)

ADHD: Attention-deficit/hyperactivity disorder

psychopathology, whereas 70.8% received a diagnosis of at least one mental disorder. Attention-deficit/hyperactivity disorder (ADHD) was the most commonly identified psychiatric disorder in young children, occurring in 25% of cases, followed by generalized anxiety disorder and tic disorder, each at 8.3%. Among the adolescent cases, 6% did not exhibit major psychopathology, whereas 94% received a diagnosis of at least one mental disorder. Major depressive disorder was the most commonly identified psychiatric disorder in adolescents, occurring in 39.8% of cases, followed by somatic symptom disorder at 8.3%.

Euthymic mood was observed in 54.2% of young child cases and 21.3% of adolescent cases. Anxiety was observed in 43.7% of the young children, while depressive symptoms were noted in 26.8% of the adolescents. **Table 5** presents the mood types of the patients.

In terms of treatment and follow-up plans, 60.4% (n=29) of the young child cases commenced non-pharmacological clinical follow-up, 35.4% (n=17) initiated psychopharmacological treatment with a single medication, and 4.2% (n=2) began psychopharmacological treatment involving at least two different medications. No child cases required hospitalization. Among the adolescent cases, 21.8% (n=47) received non-pharmacological clinical follow-up, 58.8% (n=127) commenced treatment with a single psychopharmacological medication, and 19.4% (n=42) began treatment with at least two different psychopharmacological medications. Three adolescents diagnosed with major depressive disorder who had attempted suicide were hospitalized.

Discussion

The COVID-19 pandemic presented a significant challenge to global mental health. Children and adolescents are particularly susceptible to the mental health effects of the pandemic, attributable to their developmental stages, fear of infection, lockdown measures, cessation of educational and extracurricular activities, social distancing mandates, and the global economic decline[10]. In this study, psychiatric consultations requested from Pediatric Emergency and General Pediatric clinics during the COVID-19 pandemic were evaluated. The study also reviewing the topic of the COVID-19 pandemic and child mental health.

Survey studies on children and adolescent mental health during the COVID-19 pandemic indicated that the most frequently reported issues included anxiety (28%), depression (23%), loneliness (5%), stress (5%), fear (5%), tension (3%), anger (3%), loss of appetite (3%), confusion (3%), dizziness (3%), and worry (3%)[10]. All these symptoms were reported with varying frequencies in relation to our reasons for consultation and primary diagnoses. A study involving 1004 children aged 7-18 years in Tokat, Türkiye, conducted from July 1 to October 1, 2021, revealed that 60.8% experienced changes in anxiety levels during the pandemic, 54.1% reported an increased fear of death, 28.9% noted a negative impact on familial relationships, 12.3% identified as becoming impatient or intolerant, and 7.2% reported feelings of irritability[16]. In our study, anxiety and behavioral issues were the reasons for psychiatric consultation in both young children and adolescents, whereas family-related issues were a reason for consultation only among adolescents. A study involving 535 patients with a mean age (standard deviation) of 10.8 (4.5) years, conducted at a University Hospital Child Psychiatry Outpatient Clinic in Afyonkarahisar, Türkiye, from September 1, 2020, to March 1, 2021, revealed that 27.2% were diagnosed with ADHD, 19.5% with an anxiety disorder, and 5.6% with an autism spectrum disorder. In comparison to the pre-pandemic era, there was a reduction in ADHD diagnoses and an escalation in the diagnoses of anxiety disorders and severe depressive disorders among patients during the pandemic, with 58.8% of patients receiving prescriptions for psychiatric medication[14]. Our findings indicate that during the pandemic, the predominant primary diagnosis for children under 10 referred from pediatric clinics was ADHD, while for adolescents, it was major depressive disorder. Psychotropic medication was prescribed in 71.2% of all our cases, with 39.6% for young children and 78.2% for adolescents.

A systematic review investigating the effects of COVID-19 lockdowns on the mental health of children and adolescents, involving 54,999 participants (mean age=11.3 years, 49.7% female), found that anxiety symptoms had a prevalence between 1.8% and 49.5%, while depression symptoms ranged from 2.2% to 63.8%. This review indicates that irritability was reported in 16.7% to 73.2% of cases, while anger was reported in 30.0% to 51.3% of cases[17]. In the present study, major depressive disorder was identified in 32.6% (86/264) of cases, while generalized anxiety disorder was identified in 7.2% (19/264). Anxious or depressive mood was the most frequently observed presentation in our study.

Suicidal ideation, suicide attempts, and non-suicidal self-injury have significantly increased as mental health consequences of the pandemic, in children and adolescents. The COVID-19 pandemic has led to an increase in non-suicidal self-injury behavior and suicidal ideation among Chinese adolescents, as well as heightened suicidal ideation among Canadian and American adolescents; and rising suicide rates among Japanese young children and adolescents[18]. Our study found that behavioral problems, including self-harm, were the predominant reason for consultation in young child cases; whereas suicide attempts were the leading reason for consultation in adolescent cases.

The prevalence of mental health problems during the COVID-19 pandemic varied by age group[19,20]. Research indicates that during the pandemic, young children

Table 5.
Mood types of the patients

Young children	n (%)	Adolescents	n (%)
Euthymic	26 (54.2)	Depressive	58 (26.8)
Anxious	21 (43.7)	Anxious	57 (26.4)
Anhedonic	1 (2.1)	Anhedonic	55 (25.5)
Total	48 (100.0)	Euthymic	46 (21.3)
		Total	216 (100.0)

(under 7 years) exhibited excessive attachment to parents, heightened fear for safety, maladaptive and anxious behaviors, boredom, attention-seeking, and reported anxiety[20]. Research indicates that school-aged children (7-13 years) exhibit elevated rates of anxiety and depression compared to pre-pandemic levels, with severe depressive symptoms reported between 2.2% and 11.8% and severe anxiety symptoms ranging from 1.8% to 23.9%. Additionally, there is an increase in inattention, increased need for reassurance, academic challenges, inappropriate behavior, and social isolation.[20] Our study identifies psychiatric problems in children under 10 years of age, which aligns with existing literature. Notably, our findings include diagnoses of tic disorder and obsessive-compulsive disorder. Adolescents during the pandemic have exhibited a heightened risk for internalizing disorders, including depression (prevalence 17.3-22.3%) and anxiety (prevalence 10.4-29.3%). Additionally, they have shown increased incidence of stress, sadness, worry, externalizing disorders such as violence and defiance, somatic symptoms, attention problems, impulsivity, hopelessness, substance use, suicidal ideation, and suicide. Furthermore, challenges in peer relationships and academic performance, sleep disturbances, sedentary lifestyle, and elevated screen time have also been reported[20,21]. The psychiatric issues observed in the adolescent cases of our study align with the current literature. In our study, notable diagnoses include eating disorders, obsessive-compulsive disorder, autism spectrum disorder, and gender dysphoria.

Children and adolescents with physical health conditions are at an increased risk for mental health disorders. 2,12 In this study, 6.4% (17/264) of the subjects presented with a chronic systemic disease, and only 5.9% (1/17) of these cases had a euthymic mood. Conversely, euthymic mood was noted in 28.7% (71/247) of the subjects devoid of a chronic disease. During crises like the pandemic, the psychological condition and emotional well-being of at-risk pediatric groups, particularly those with chronic conditions, must not be disregarded.

Children and adolescents possess diminished autonomy relative to adults, rendering them more vulnerable to their surroundings. The resilience of children and adolescents relies on the well-being of the people in their environment[2]. Our study found that 100% of individuals with fathers having a mental disorder and 91.5% of those with mothers having a mental disorder were diagnosed with a psychiatric disorder during the pandemic. Furthermore, 77.1% of participants with parental mental disorder did not display a euthymic mood. Pre-existing mental disorders are significant risk factors for the development of anxiety during the COVID-19 pandemic[18]. In our study, 91.5% of cases with a pre-existing, physician-diagnosed mental disorder did not display a euthymic mood during the pandemic; 38.3% exhibited anxious mood, 31.9% showed depressive mood, and 21.3% experienced anhedonic mood. Effective communication between parents and children has been shown to mitigate anxiety and depression during the pandemic[12,18]. In our study, familial conflict was the predominant cause of suicide attempts, with 66.3% of patients classified as having severe depressive disorder.

Pre-pandemic data from our country reveal that 93.7% of psychiatric consultations for hospitalized children and adolescents were initiated by the pediatrics department. The age of the consulted cases ranged from 2 to 17 years, with 78.7% being adolescents, 21.3% children under 10, and 66.9% female[22]. The present study's findings, which assessed psychiatric consultations requested from the pediatrics department for outpatient and inpatient cases during the pandemic, show a profile comparable to pre-pandemic inpatients in terms of age group, and gender distribution of cases. It is essential to analyze both the short-term health impacts of the pandemic, as well as its long-term effects on mental health. The pandemic has led to a rise in mental health-related emergency department visits among adolescents over time[12,19]. The increasing number of our consultations, which reached the highest number in the 2022-2023 period, across the one-year periods between 2020 and 2023 supports this inference in the literature.

Considering the high incidence of mental health issues in children and adolescents, it is crucial for pediatricians to be vigilant in early and precise diagnosis[2]. Our findings demonstrate that pediatricians accurately recognized that the majority of cases for which they sought psychiatric consultations showed abnormal mental status; specifically, 89.8% of the psychiatric consultation requests made by pediatricians during the pandemic period led to a diagnosis of a psychiatric disorder.

Study Limitations

The pandemic has adversely affected the mental health of young children and adolescents. To effectively plan and implement interventions that address both short- and long-term effects, it is essential that our findings are corroborated by multi-center incidence and longitudinal study designs. Future research should aim to produce generalizable results for the broader population. The study's limitations encompass its single-center and retrospective design, the absence of comparison with pre-pandemic data, the exclusion of cases that directly presented to child and adolescent mental health outpatient clinics, and consultations requested from clinics outside of pediatric emergency and general pediatrics.

Conclusion

There has been a decline in psychological well-being and a rise in mental health issues among young children and adolescents during the COVID-19 pandemic. Empirical research indicates that both preventive measures and infection dynamics correlate with the degree of psychopathology. Literature identifies factors such as age, gender, socioeconomic level, prior mental and physical health, parental mental health, positive parenting, and family environment as determinants of mental health. We assert that our study, conducted in the fifth year of the pandemic, which reiterates this information, will enhance the knowledge of pediatricians, child psychiatrists, and policymakers in our nation concerning child and adolescent mental health during pandemic periods.

Ethics

Ethical Approval: Approval for this study was secured from the Mersin University Clinical Research Ethics Committee (approval number: 2024/415, date: 14.05.2024).

Informed Consent: Because the study was designed retrospectively no written informed consent form was obtained from the patients.

Footnotes

Author Contributions: Durak F: Surgical and Medical Practices, Concept, Design, Data Collection or Processing, Literature Search, Writing; Tezol Ö: Surgical and Medical Practices, Concept, Design, Analysis or Interpretation, Literature Search, Writing; Güler Aksu G: Surgical and Medical Practices, Concept, Design, Data Collection or Processing, Writing; Bozlu G: Surgical and Medical Practices, Concept, Design, Analysis or Interpretation, Writing.

Conflict of Interest: The authors declare no conflicts of interest.

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References

1. Polanczyk GV, Salum GA, Sugaya LS, Caye A, Rohde LA. Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry.* 2015;56:345-365. *[Crossref]*
2. Farrell AH, Szatmari P, Vaillancourt T. Epidemiology of mental health challenges in children and adolescents. *Pediatr Clin North Am.* 2024;71:999-1011. *[Crossref]*
3. Copeland WE, Wolke D, Shanahan L, Costello EJ. Adult functional outcomes of common childhood psychiatric problems: a prospective, longitudinal study. *JAMA Psychiatry.* 2015;72:892-899. *[Crossref]*
4. Kieling C, Buchweitz C, Caye A, et al. Worldwide prevalence and disability from mental disorders across childhood and adolescence: evidence from the global burden of disease study. *JAMA Psychiatry.* 2024;81:347-356. *[Crossref]*
5. Doğan M, Çelik B. Evaluation of COVID-19 patients admitted to pediatric emergency department. *J Pediatr Acad.* 2021;3:111-116. *[Crossref]*
6. Cetin BS, Paç Kısaarslan A, Baykan A, et al. Erciyes clinical guideline for multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. *J Pediatr Acad.* 2022;3:87-94. *[Crossref]*
7. Yoldaş MA, Çelebi Tayfur A, Danış A, et al. The predictors of pneumonia in children with COVID-19. *J Pediatr Acad.* 2023;4:12-17. *[Crossref]*
8. Chen H, Wang Q, Zhu J, et al. Protective and risk factors of anxiety in children and adolescents during COVID-19: a systematic review and three level meta-analysis. *J Affect Disord.* 2025;374:408-432. *[Crossref]*
9. Pfefferbaum B, Nitiéma P, Dave D, Van Horn RL, Tucker P. Children's nutrition, eating behavior, and mental health during the COVID-19 pandemic. *Curr Psychiatry Rep.* 2024;26:789-797. *[Crossref]*
10. Madigan S, Racine N, Vaillancourt T, et al. Changes in depression and anxiety among children and adolescents from before to during the COVID-19 pandemic: a systematic review and meta-analysis. *JAMA Pediatr.* 2023;177:567-581. *[Crossref]*
11. Farrell AH, Vitoroulis I, Eriksson M, Vaillancourt T. Loneliness and well-being in children and adolescents during the COVID-19 pandemic: a systematic review. *Children (Basel).* 2023;10:279. *[Crossref]*
12. Wolf K, Schmitz J. Scoping review: longitudinal effects of the COVID-19 pandemic on child and adolescent mental health. *Eur Child Adolesc Psychiatry.* 2024;33:1257-1312. *[Crossref]*
13. Theberath M, Bauer D, Chen W, et al. Effects of COVID-19 pandemic on mental health of children and adolescents: A systematic review of survey studies. *SAGE Open Med.* 2022;10:20503121221086712. *[Crossref]*
14. Gerçek HG, Kara A, Köksal Yasin Y. COVID-19 pandemi öncesi ve sırasında bir üniversite hastanesi çocuk psikiyatri polikliniğine yapılan başvuruların karşılaştırması. *Klinik Psikiyatri Dergisi.* 2022;25:202-208. (in Turkish) *[Crossref]*
15. American Psychiatric Association, DSM-5 Task Force. Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.). American Psychiatric Publishing, Inc, 2013. *[Crossref]*
16. Vural B, Gürhan N, Geniş B, et al. The impact and perceptions of the COVID-19 pandemic on children and adolescents. *J Pediatr Inf.* 2024;18:215-223. (in Turkish) *[Crossref]*
17. Panchal U, Salazar de Pablo G, Franco M, et al. The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *Eur Child Adolesc Psychiatry.* 2023;32:1151-1177. *[Crossref]*
18. Samji H, Wu J, Ladak A, et al. Review: mental health impacts of the COVID-19 pandemic on children and youth - a systematic review. *Child Adolesc Ment Health.* 2022;27:173-189. *[Crossref]*
19. Sayed AA, El-Gendy AA, Aljohani AK, et al. The effects of COVID-19 on the mental health of children and adolescents: a review. *Cureus.* 2024;16:e56473. *[Crossref]*
20. Meade J. Mental health effects of the COVID-19 pandemic on children and adolescents: a review of the current research. *Pediatr Clin North Am.* 2021;68:945-959. *[Crossref]*
21. Bridge JA, Ruch DA, Sheftall AH, et al. Youth suicide during the first year of the COVID-19 pandemic. *Pediatrics.* 2023;151:e2022058375. *[Crossref]*
22. Eraslan AN, Aydın Görücü R, Yılmaz A. Bir eğitim araştırma hastanesinde yatan çocuk ve ergen hastalar için istenilen psikiyatrik konsültasyonların değerlendirilmesi. *Türkiye Çocuk Hast Derg.* 2021;15:451-458. (in Turkish) *[Crossref]*